



OFFICE *of the* DISTRICT
ATTORNEY GENERAL
6th Judicial District • Charne P. Allen

CITIZENS ACADEMY

2019 APPLICATION

Complete all sections (if not applicable, indicate with NA). Attach additional pages, if needed.

APPLICANT IDENTIFYING INFORMATION

Full Name (last, first, middle):			
Other names used:			
Address:			
City, State:		Zip Code:	
Preferred Phone Number:		Email:	
Are you: Male Female		Date of Birth:	
Current Employer/Occupation:			
How long have you lived in Knox County?		How long have you worked in Knox County?	
Years Months		Years Months	

1. EDUCATIONAL BACKGROUND: Please tell us about your educational background including the highest level of education you completed.

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2. EMPLOYMENT HISTORY: Please describe your employment history.

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3. YOUR INTEREST: Why are you interested in attending Citizens Academy?

4. HOW DID YOU FIND OUT ABOUT CITIZENS ACADEMY?

5. CIVIC ACTIVITIES: Include any present or past membership on city or county committees, commissions, boards, and/or any other community involvement.

6. HAVE YOU PARTICIPATED IN OTHER TYPES OF CITIZENS ACADEMIES? Include name of program and year of participation.

7. DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS, OR PENDING COURT CASES, CIVIL OR CRIMINAL? Include all misdemeanors and felonies. *Do not include traffic tickets.*

8. Are you currently serving as a Juror? Y N

Have you received a Juror Summons for a future date? Y N

Have you ever served as a Juror in Knox County? Y N

MEDIA RELEASE AUTHORIZATION:

I grant to Knox County District Attorney General's Office, its representatives and employees, the right to take photographs and video of me and my property. I authorize Knox County District Attorney General's Office, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Knox County District Attorney General's Office may use such photographs and videos of me with or without my name and for any lawful purpose, including for example such purposes as community education and outreach.

BACKGROUND AUTHORIZATION:

I understand that a criminal background and warrant check will be conducted by the Office of the District Attorney General, 6th Judicial District, as part of the application process. I hereby authorize any law enforcement agency to release to the Office of the District Attorney General, 6th Judicial District, any and all information, which said agencies have about me, for the limited purpose of aiding and evaluating my eligibility for participation in the Citizens Academy. This authorization extends to any information that said agencies may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

PLEASE NOTE: YOUR INFORMATION WILL BE KEPT CONFIDENTIAL

SIGNATURE OF APPLICANT
(Electronic signature is acceptable)

DATE

Please return via email: jackie.myers@knoxcounty.org

OR

Mail: Attn: Jackie Myers
Office of the District Attorney General
P.O. Box 1468
Knoxville, TN 37901