



Jackson County Citizens Academy Application

The Citizens Academy offers a unique opportunity for county residents to get an in-depth look at county government. Thank you for applying to Jackson County Citizens Academy. Applicants must be 18 years old and resident of Jackson County.

Please print legibly and complete the <u>entire</u> application. All applications are reviewed, you will be notified if selected to participate.		
Position Desired: <input type="checkbox"/> Jackson County Citizens Academy Applicant	Class Start Date:	
Full Legal Name: (Please Print):		
Street and Mailing Address:		
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	
Email Address:	Driver License <u>State</u> and <u>Number</u> :	Last 4 Digits of SSN:
Date of Birth:	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Are you currently employed by Jackson County? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, in what department?		
What do you hope to gain from attending the Citizens Academy?		

Reference & Background Information

Please provide professional or personal references to include previous employers, volunteer supervisors, program instructors or other personal references.

Reference Name:	Phone:	Relationship to you:
Reference Name:	Phone:	Relationship to you:

<p>Have you ever been convicted or pleaded guilty before a court for any federal, state, or municipal criminal offense? (Not including minor traffic misdemeanors)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below: (include state, county, date of offense, and details of conviction):</p>

Consent to Perform Background Check: In connection with my application and desire to engage in Citizens Academy, I have been advised and I hereby consent and authorize Jackson County and its agent, at any time during or subsequent to my application process to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to Jackson County's use of any information provided during the Citizens Academy application process to perform related background check.

I agree to release, indemnify, and hold harmless Jackson County and any agency used by Jackson County with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of Jackson County.

Further, all applicants are required to inform the county within five (5) days after he or she is convicted for violation of any federal or state laws. Such convictions are to be reported to the County Manager.

Jackson County will accept background checks completed by other entities for Citizens Academy applicants if the entity is willing to release copy. If another entity is providing copy of completed background check, please provide the organization's name and contact person.

Organization Name: _____ Contact Person: _____ Phone: _____

Certification of Information Provided:

I hereby certify and attest that the information provided is true, correct, and complete. I understand that any falsification of information will disqualify me for the Jackson County Citizens Academy. **MEDIA/PHOTO RELEASE:** I do hereby consent to and authorize the use and reproduction, in print or electronic format, of photographs and digital images of me to be used for any purpose (web pages, social media or promotional purposes) without compensation to me. All photographs and digital images are owned by County of Jackson. By signing below I am expressly releasing County of Jackson, its agents, employees, licensees, and assignees from any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other cause of action arising out of the use, adaption, reproduction, distribution, broadcast, or exhibition of such photographs and digital images. I hereby acknowledge that I have read and understand the terms of this release.

Applicant Signature:	Date:
If approved to attend the Citizens Academy, please provide us with an Emergency Contact:	
Emergency Contact Name:	Emergency Contact Phone:
FOR INTERNAL USE ONLY -- FOR INTERNAL USE ONLY	FOR INTERNAL USE ONLY -- FOR INTERNAL USE ONLY
Background Check Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Background Findings: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
Reviewed By: (Staff Signature)	Date:

Return completed form to:

Kerri Tucker, Jackson County Administration, 401 Grindstaff Cove Road, Suite A-207, Sylva, NC 28779 or kerritucker@jacksonnc.org