

Federal Bureau of Investigation Citizens Academy Application Los Angeles FBI Field Office (Westwood) 11000 Wilshire Blvd., Suite 1700 Los Angeles, CA 90024 Fax: (310) 996-3345

Attention: Office of Public and Congressional Affairs

Personal Information

Name:			
Last	First	N	⁄liddle
	e used, including nicknames and m s occurred and the circumstances.		ever used any legally changed name ad your name, please list the date,
Date of Birth	Place of Birth	Gender	r
Social Security Number	Driver's License Info (State & Number)		
Ethnicity	(optional)		
Citizenship (Country)	Acquired By: B	irth Marriage	Naturalization
If you are a naturalized U.S. occurred.	citizen, list your naturalization nur	nber as well as the date, a	nd place your naturalization

Address/Contact Information

Street	City	State	ZIP Code
Mailing Address (if different	from physical address):		
Street	City	State	ZIP Code
Home Phone	Work Phone		
Cell Phone	E-Mail Address		
In the event of an emergency	, list a relative or close associate who	can be contacted:	
Name:	Relationship	Phone Number	
Current Employer			
Employment Information Current Employer			
		State	ZIP Code
Current Employer Employee Address Street		State	
Current Employer Employee Address Street Company Website:	City	State	
Current Employer Employee Address Street Company Website: Job Title	City	State gth of time with current employer	
Current Employer Employee Address Street Company Website: Job Title Brief description of duties pe	City Len	State gth of time with current employer	
Current Employer Employee Address Street Company Website: Job Title Brief description of duties pe	City Lengerformed:	State gth of time with current employer	
Current Employer Employee Address Street Company Website: Job Title Brief description of duties pe	City Lengerformed:	State gth of time with current employer	
Current Employer Employee Address Street Company Website: Job Title Brief description of duties per If less than three years with experiments the companies of the	City Lengerformed:	State gth of time with current employer	

Criminal Background Information

Have you ever been charged with or convicted of any felony offense? Yes No Have you ever been charged with or convicted of a firearms or explosive offense? Yes No Ac there currently any charges pending against you for any criminal offense? Yes No In the last 10 years, have you been arrested for, charged with, or convicted of any offense? Yes No In the last 10 years, have you been arrested for, charged with, or convicted of any offense? Yes No In the last 10 years, have you been arrested for, charged with, or convicted of any offense? Yes No In the last 10 years, have you been arrested for, charged with, or convicted of any offense? Yes No In the last 10 years, have you been arrested for, charged with, or conviction for convictions for charge, court, and disposition. If yes, provide details, including date, place, law enforcement agency, charge, court, and disposition. I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not limited to, any record of charges, prosecution or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens Academy application process. My consent is valid for three months from the date authorize blow. Any information obtained will be used for the purposes. My consent is valid for three months from the date authorize any endors a charge of the FBI Community Outreach Program event or activity, an FBI photographer may photograph the event or activity. By signing this consent/release form, you agree that your image appearing in any such photograph we used by the FBI and the Community Outreach Program for public affairs purposes. I agree to release and authorize any photograph as described above, to be used in FBI media print or online communications, including, but not limited to FBI.gov, the FBI Community Outreach Program for public affairs purposes. I agree to release and authorize any photographs, as described above, to be used in FBI media print or online communi			
Have you ever been charged with or convicted of a firearms or explosive offense? Yes No	Have you ever been charged with or convicted of any felony offense?	Yes	No
Are there currently any charges pending against you for any criminal offense? Yes No	Have you ever been charged with or convicted of a firearms or explosive offense?	Yes	No
If yes, provide details, including date, place, law enforcement agency, charge, court, and disposition. I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not limited to, any record of charges, prosecution or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI Citizens Academy Program. Full Name (Typed or Printed) Date Citizens Academy Photographs Consent/Release Form During your participation in an FBI Community Outreach Program event or activity, an FBI photographer may photograph the event or activity, By signing this consent/release form, you agree that your image appearing in any such photograph may be used by the FBI and the Community Outreach Program for public affairs purposes. I agree to release and authorize any photographs, as described above, to be used in FBI media print or online communications, including, but not limited to FBI.gov, the FBI Community Outreach Facebook page, and all other related publications. Full name (typed or printed) Full Name (Signature) Participation in Firearms Demonstration Is there any reason you cannot participate in a firearms demonstration? Yes No			No
I hereby authorize the FBI to conduct a standard check of law enforcement records on me. I understand this check will include, but not limited to, any record of charges, prosecution or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI Citizens Academy Program. Full Name (Typed or Printed) Date During your participation in an FBI Community Outreach Program event or activity, an FBI photographer may photograph the event or activity. By signing this consent/release form, you agree that your image appearing in any such photograph may be used by the FBI and the Community Outreach Program for public affairs purposes. I agree to release and authorize any photographs, as described above, to be used in FBI media print or online communications, including, but not limited to FBI-gov, the FBI Community Outreach Facebook page, and all other related publications. Full name (typed or printed) Full Name (Signature) Participation in Firearms Demonstration Is there any reason you cannot participate in a firearms demonstration? Yes No	In the last 10 years, have you been arrested for, charged with, or convicted of any offense?	Yes	No
include, but not limited to, any record of charges, prosecution or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI's Citizens Academy application process. My consent is valid for three months from the date authorized below. Any information obtained will be used for the purpose of providing clearance to participate in the FBI Citizens Academy Program. Full Name (Typed or Printed) Date Citizens Academy Photographs Consent/Release Form During your participation in an FBI Community Outreach Program event or activity, an FBI photographer may photograph the event or activity. By signing this consent/release form, you agree that your image appearing in any such photograph may be used by the FBI and the Community Outreach Program for public affairs purposes. I agree to release and authorize any photographs, as described above, to be used in FBI media print or online communications, including, but not limited to FBI.gov, the FBI Community Outreach Facebook page, and all other related publications. Full name (typed or printed) Full Name (Signature) Participation in Firearms Demonstration Is there any reason you cannot participate in a firearms demonstration? Yes No	• • • • • • • • • • • • • • • • • • • •	charge, co	ourt, and
During your participation in an FBI Community Outreach Program event or activity, an FBI photographer may photograph the event or activity. By signing this consent/release form, you agree that your image appearing in any such photograph may be used by the FBI and the Community Outreach Program for public affairs purposes. I agree to release and authorize any photographs, as described above, to be used in FBI media print or online communications, including, but not limited to FBI.gov, the FBI Community Outreach Facebook page, and all other related publications. Full name (typed or printed) Participation in Firearms Demonstration Is there any reason you cannot participate in a firearms demonstration? Yes No	include, but not limited to, any record of charges, prosecution or convictions for criminal o used for the purpose of the FBI's Citizens Academy application process. My consent is val authorized below. Any information obtained will be used for the purpose of providing clear	r civil offens id for three r	ses. This check will be months from the date
During your participation in an FBI Community Outreach Program event or activity, an FBI photographer may photograph the event or activity. By signing this consent/release form, you agree that your image appearing in any such photograph may be used by the FBI and the Community Outreach Program for public affairs purposes. I agree to release and authorize any photographs, as described above, to be used in FBI media print or online communications, including, but not limited to FBI.gov, the FBI Community Outreach Facebook page, and all other related publications. Full name (typed or printed) Full Name (Signature) Participation in Firearms Demonstration Is there any reason you cannot participate in a firearms demonstration? Yes No	Full Name (Typed or Printed) Full Name (Signature))	
During your participation in an FBI Community Outreach Program event or activity, an FBI photographer may photograph the event or activity. By signing this consent/release form, you agree that your image appearing in any such photograph may be used by the FBI and the Community Outreach Program for public affairs purposes. I agree to release and authorize any photographs, as described above, to be used in FBI media print or online communications, including, but not limited to FBI.gov, the FBI Community Outreach Facebook page, and all other related publications. Full name (typed or printed) Full Name (Signature) Participation in Firearms Demonstration Is there any reason you cannot participate in a firearms demonstration? Yes No	Date		
the event or activity. By signing this consent/release form, you agree that your image appearing in any such photograph may be used by the FBI and the Community Outreach Program for public affairs purposes. I agree to release and authorize any photographs, as described above, to be used in FBI media print or online communications, including, but not limited to FBI.gov, the FBI Community Outreach Facebook page, and all other related publications. Full name (typed or printed) Full Name (Signature) Participation in Firearms Demonstration Is there any reason you cannot participate in a firearms demonstration? Yes No	Citizens Academy Photographs Consent/Release Form		
Participation in Firearms Demonstration Is there any reason you cannot participate in a firearms demonstration? Yes No	the event or activity. By signing this consent/release form, you agree that your image appear be used by the FBI and the Community Outreach Program for public affairs purposes. I agree photographs, as described above, to be used in FBI media print or online communications,	ring in any s ee to release	such photograph may and authorize any
Participation in Firearms Demonstration Is there any reason you cannot participate in a firearms demonstration? Yes No	Full name (typed or printed) Full Name (Signature)		
Is there any reason you cannot participate in a firearms demonstration? Yes No	Date		
	Participation in Firearms Demonstration		
If yes, please provide details:	Is there any reason you cannot participate in a firearms demonstration? Yes	No	
	If yes, please provide details:		

Nomination Information

Nominated as a potential candidate for participation in the FBI Citizens Academy program by:				
FBI Employee Citizens Academy Graduate Self				
If nominated by an FBI employee or prior Citizens Academy graduate, list that person's name, as well as the nature (professional/personal) and duration of your relationship.				
Provide a statement, not exceed two paragraphs, describing the reasons you believe you are a good candidate for the FBI Citizens Academy program.				



PRIVACY ACT STATEMENT AND CONSENT

This is to advise you, in conformance with the Privacy Act of 1974, that the collection of this information is authorized under Title 28 U.S.C.533; 28 C.F.R. 0.85; Executive Order 12958, as amended by 13292; 5 U.S.C.552a (e) (10); 44 U.S.C. chapters 21 and 33; 40 U.S.C. chapters 318a; and Title 41 CFR 102-81.10 and 81.15. The furnishing of this information, including your social security number, is voluntary on your part and will be used for the purpose of providing clearance to participate in the FBI's Citizens Academy Program. Information you provide will be protected and used in strict compliance with the Privacy Act and the routine uses most recently published in the Federal Register for the FBI's Central Records System (Justice/FBI-002) and the FBI's Blanket Routine Uses (Justice/FBI-BRU).

You are not required to execute this form; however, if you do not, this refusal may result in your application for participation in the FBI Citizens Academy Program being rejected. Knowingly falsifying or concealing information required on this form will result in your application being rejected. In addition, Title 18 Section 1001 of the U.S. Code provides that knowingly falsifying or concealing a material fact may under certain circumstances constitute a felony resulting in fines and/or imprisonment.

Printed Name of Applic	ant
Signature of Applicant	
Date	