Federal Bureau of Investigation
Citizens Academy Application
Spring 2013 Class

Personal Data

Legal Name: _____

(Last) (First) (Full Middle Name)

Preferred Name: _____

List all other names you have used, incl. NICKNAMES & MAIDEN NAMES:

_____

If you have ever used any other surname or legally changed your name, state when this occurred and the circumstances. If you ever legally changed your name (other than through marriage), please list the date, place & court:

_____

Date of Birth: _____ Place of Birth: _____

Gender: Male ◯ Female ◯ Social Security Number: _____

(Required)

Current Citizenship (country): _____

Acquired by: Birth ◯ Marriage ◯ Naturalization ◯

Driver's License Number: _____

Contact Information

Current Address: _____

Street City State Zip

Home Phone: _____ Work Phone: _____

E-Mail Address: _____ Website: _____

Do you prefer to receive mailings: at home ◯ at work ◯

In the event of an emergency, please list a contact:

Name: _____

Relationship: _____ Phone: _____

Employment Information

Current Employer, Address _____

(If retired, list most recent employer and date left)

Job Title/Profession: _____ (If retired, list previous profession)

Explain what your duties are/were and what your employer does/is/sells:

_____

If fewer than three years with employer, list former employer:

_____

References
Provide the names and complete contact information for three references
(Not relatives, roommates, or other current applicants):

Name: _____ Phone: _____

Address: _____
Street City State Zip
E-Mail address: _____
How long have you known this person? _____
In what capacity (friend, co-worker, etc.)? _____

Name: _____ Phone: _____

Address: _____
Street City State Zip
E-Mail address: _____
How long have you known this person? _____
In what capacity (friend, co-worker, etc.)? _____

Name: _____ Phone: _____

Address: _____
Street City State Zip
E-Mail address: _____
How long have you known this person? _____
In what capacity (friend, co-worker, etc.)? _____

Purpose of Application
Please explain why you want to attend the FBI Citizens Academy:

The FBI Citizens Academy is designed for BUSINESS and COMMUNITY LEADERS. Please explain how you would, through your personal or professional leadership position(s), share the information you learn about the FBI. List any organizations or associations to which you belong:

Commitment
The FBI Citizens Academy program consists of six evening sessions and one daytime session. Out of consideration to other applicants, do you agree to attend ALL sessions of the Citizens Academy? _____

Other Information
How did you hear about this program? _____

If a graduate of this program recommended you, please state that person's name and relationship to you: _____

Have you ever applied for this Citizens Academy program before? _____

Have you ever attended another agency's Citizens Academy before? If so, state which one(s) and the dates: _____

Participation in Firearms Training
Do you now, or have you ever had, a serious illness/injury which could preclude you from safely participating in live firearms training? Yes ◯ No ◯
If yes, please provide details:

Authorization to Conduct Law Enforcement Check
Have you ever been CHARGED with a felony offense? Yes ◯ No ◯
Have you ever been CONVICTED of a felony Offense? Yes ◯ No ◯
If YES, list 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 be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the FBI 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. ***I understand that my acceptance into the Citizens Academy is not guaranteed and is at the discretion of the FBI.***

Full name (printed)	Full name (signature)	Date

Return Application to: FBI Citizens Academy, 9109 NE Cascades Parkway Portland, OR 97220 or Fax to (503) 460-8100.

Deadline for Spring 2013 Applications: Friday, March 1, 2013

PRIVACY ACT STATEMENT AND CONSENT

Please print, sign, and return one copy with your application.

Please print, sign, and retain a second copy for your own personal records.

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. chapter 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.

(Signature of Applicant)

_____

(Printed name of Applicant)

_____

(Date)

_____