



## **El Paso County Sheriff's Office Citizens Academy Questionnaire**

**Name:** \_\_\_\_\_

**Position Applying for:** Citizens Academy Fall 2025

**Date Completed:** \_\_\_\_\_

**Reminder: Your application must be completed in its entirety and legible, in order to be processed.**

**El Paso County Citizens Academy Background Investigation Questionnaire**

**Personal Information:**

Date: \_\_\_\_\_

Name of employer you work for: \_\_\_\_\_

Your Full Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

List any other names you have been known by and state reasons:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your Current Address: \_\_\_\_\_

Number Street

City State Zip Code

Your Phone Number: \_\_\_\_\_  
Home Business Cell

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Do you have any distinguishing marks or tattoos (description and location)?

\_\_\_\_\_

Do you possess a current and valid driver's license? \_\_\_\_ Yes \_\_\_\_ No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

In what other states have you lived? \_\_\_\_\_

Are you currently taking any prescription medications that could affect your performance in the workplace? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the medication(s): \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving (Explain): \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving (Explain): \_\_\_\_\_

[ ] Check this box if you need additional space and continue on the last page.

[ ] Check this box if you have **never** been fired or asked to resign from a job.

### **Arrest Information**

Have you ever as a juvenile or adult, been questioned, charged, arrested, or convicted of a felony or misdemeanor, including court martial, military offenses or domestic violence to include receiving a restraining order? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If you answer yes, please complete the following information. Please provide any paperwork you have regarding this:*

Agency	Crime Charged	City and State	Date	Disposition/Findings
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been investigated or questioned by children's services (military or civilian?) \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, list all occurrences including dates, locations and explanation. Please provide any paperwork you have regarding this:*

_____
_____
_____

Have you ever been investigated or charged by the military for any reason?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, list all occurrences including dates and locations and explanation. Please provide any paperwork you have regarding this:*

_____
_____
_____

## Relationships

Do you have any relatives or know anyone who is currently employed by El Paso County Sheriff's Office? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please complete:

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

\*relative means a spouse, parent, sibling, child, grandchild, grandparent, aunt, uncle, niece, nephew, and cousin, including first-blood, step, half, foster, or in-law relationships.

Do you have any relatives or know anyone who is currently incarcerated at the El Paso County Criminal Justice Center?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you been a victim of a crime involving an inmate who is currently in custody at the El Paso County Criminal Justice Center? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

If yes, please complete

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Were you involved in an alleged crime and the victim is currently in custody at the El Paso County Criminal Justice Center?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

If yes, please complete:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever corresponded with or visited with any inmate(s)  
Criminal Justice Center?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are you currently residing with an inmate or person on parole,  
release or electronic detention? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### **Drug Sales:**

For the purpose of this section, drugs include those both legal and illegal to possess, including prescription medications. Drug sales include the transfer of drugs from one person to another regardless of profit, the transportation of drugs, the manufacture and/or cultivation of drugs, drugs for trade or barter, or acting as a party to a drug transaction.

<b><u>Drug Involved</u></b>	<b><u>Amount</u></b>	<b><u>Type of Transaction</u></b>

[ ] Check this box if you need additional space and continue on the last page.

[ ] Check this box if you have **never** sold or delivered any drugs.

Have you ever used prescription medication not prescribed to you?

<b><u>Drug Involved</u></b>	<b><u>Amount</u></b>	<b><u>Date Used</u></b>

[ ] Check this box if you have **never** used prescription medications not prescribed to you.

## **ILLEGAL DRUG USAGE**

Have you ever used **illegal drugs or marijuana?**

YES [ ]

NO [ ]

If yes, complete the following:

	<b><u>Dates Used</u></b>	<b><u>Frequency</u></b>	<b><u>How Used</u></b>
Marijuana	_____	_____	_____
Marijuana Concentrate	_____	_____	_____
Cocaine	_____	_____	_____
Crack Cocaine	_____	_____	_____
Amphetamines	_____	_____	_____
Methamphetamines	_____	_____	_____
Heroin	_____	_____	_____
Rohypnol (Roofies)	_____	_____	_____
LSD	_____	_____	_____
PCP (Angel Dust)	_____	_____	_____
Peyote	_____	_____	_____
Mushrooms	_____	_____	_____
Ecstasy (MDMA)	_____	_____	_____
Steroids	_____	_____	_____
Inhalants	_____	_____	_____
Synthetic Narcotics	_____	_____	_____
Other	_____	_____	_____



### **Statement**

I hereby authorize the El Paso County Sheriff's Office permission to investigate my background to include arrest and criminal history records and as a result of those findings, I may be evaluated for access into the El Paso County Citizens Academy.

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Printed Name

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Signature of Applicant

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Date

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### **EPSO Citizens Academy Background Investigation**

Consent is granted for the El Paso County Sheriff's Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the El Paso County Sheriff's Office.

I also certify under penalty of perjury and potential criminal charges there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware any such misrepresentations, omissions or falsifications may be grounds for immediate rejection or termination from the academy.

I hereby release you and all your duly authorized agents, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it.

I understand I have the right to receive a copy of this authorization and acknowledgment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE: A PHOTOCOPY REPRODUCTION OF THIS SIGNED REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.**

ADDITIONAL SPACE: