

**Galveston County Constables' Office Pct 7
Citizen Constable Academy Application**

Date: _____ Session Location: 4500 10th St Bacliff # _____

Name: _____ D.O.B.: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Social Security #: _____ Place of Birth: _____

Employer: _____ Occupation: _____

Referred by: _____ Shirt Size: _____

Reason for attending the Citizen Constable Academy: _____

What are your expectations: _____

How did you first learn of the Citizen Constable Academy: _____

Have you ever been arrested and convicted of a crime? (Yes or no) _____

What type of crime: _____

If yes, please explain: (when and where) _____

All information will remain confidential. For department use only.

Please provide information on two references:

1. Name: _____ Phone: _____

Address: _____ City: _____

2. Name: _____ Phone: _____

Address: _____ City: _____

As an applicant you fully acknowledge that the Galveston County Constables' Office will conduct a background check and the Constable has the right of refusal based on the findings of this check. You also acknowledge that all findings are for departmental use only and this information will remain confidential.

Signature: _____ *Date:* _____

Witness: _____ *Date:* _____

PLEASE FORWARD TO:

***Constable Pam Matranga
Academy Coordinator
Galveston County Constable's Office
P.O. Box 8327/4500 10th Street
Bacliff, Texas 77518
Phone – (281) 316-8806
Fax – (409) 765-3225
Email –pam.matranga@co.galveston.tx.us
www.galveston.com***