

# TBI Criminal Investigation Academy

## APPLICANT INFORMATION

**FULL NAME:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

## Department Information

**DEPARTMENT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**WORK E-MAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**PHONE:** \_\_\_\_\_

Are you currently in an investigative role?  YES  NO: If so how long have you been in that Role? \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**Chief or Sheriff Signature:** \_\_\_\_\_

**Chief or Sheriff Print Name:** \_\_\_\_\_

**Chief or Sheriff Email:** \_\_\_\_\_