



Pinal County Attorney's Office Citizens Academy Application

First Name _____ M.I. _____ Last Name _____

Date of Birth _____ Social Security Number _____

Cell Phone Number _____ Driver License _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Employer or Former Employer _____

Employer Address _____

City _____ State _____ Zip _____

Business Phone Number _____

**By checking this box I acknowledge that the Pinal County Attorney's Office will conduct a criminal background check to determine my eligibility to participate in the Citizens Academy.*

Why are you interested in attending the Citizens Academy?

How did you hear about the Citizens Academy?

Please email application to:

pinalcountyattorney@pinalcountyyaz.gov

ATTN: PCAO Citizens Academy

The Citizens Academy is held quarterly from 8:30am-4:00pm

Applications are due two weeks from class date

**PCAO will not notarize background check forms*