

SEDGWICK COUNTY SHERIFF'S DEPARTMENT RESERVE DIVISION

APPLICATION FOR SHERIFF CADET UNIT

Please complete this application legibly using black ink pen or typewriter.

Name _____				
Last	First	Middle Initial		
Present Address _____				
Number	Street	City	State	Zip
Home Phone Number () _____		Work or Contact Phone No. () _____		

	Yes	No
Are you 21 years of age or older?	[]	[]
Are you a United States Citizen?	[]	[]
Are you a high school graduate? If not, do you possess a GED Certificate?.....	[]	[]
Are you of good moral character?	[]	[]
Have you any physical or mental condition, which might adversely Affect your performance as a law enforcement officer?	[]	[]
Have you been convicted or do you have any expunged convictions by any state or the Federal Government of a crime which is a felony or its equivalent under the uniform code of military justice?	[]	[]
Do you now possess or are you willing to obtain, a State of Kansas Driver's License?	[]	[]
If employed, are you willing to live in Sedgwick County and maintain a telephone in your home?	[]	[]

I certify that the foregoing statements are true and correct to the best of my knowledge. I understand that false or misleading information provided by me on this application may lead to disqualification or termination of employment. I understand that this application does not constitute an employment contract.

_____ Signature of Applicant	_____ Date
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Father's Name: _____ Occupation: _____

Address (If different from yours): _____

Mother's Name: _____ Occupation: _____

Address (If different from yours): _____

Have you ever applied to join the cadet unit before: [] Yes [] No (If yes, give date(s))

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Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____ Social Security No: _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Build: _____ Hair: _____ Eyes: _____ Vision: _____

List any serious injury, illness, surgery or nervous disorder in the past 5 years:

Physician: _____ Address: _____

Indicate Birth Marks: _____ Scars: _____ Tattoos: _____

Marital Status: _____

Name of Spouse: _____

Is spouse employed? [] Yes [] No Firm: _____ Address: _____

Names and ages of children: _____

YOUR Employer: _____

Has any member of your family ever been convicted of a crime or engaged in activities, which could compromise your position as an Officer? [] Yes [] No

Explain: _____

Elementary School: _____ City: _____ State: _____ From: _____ To: _____

High School: _____ City: _____ State: _____ From: _____ To: _____

College: _____ City: _____ State: _____ From: _____ To: _____

Major Subjects: _____ Minor Subjects: _____ Hours Credit: _____

Trade schools or military specialist schools:

Name: _____ Place: _____ From: _____ To: _____ Graduate? _____

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Military Service: _____

Branch: _____ Date of entry: _____ Date of separation: _____

Job Description: _____

Rank Attained: _____ Award & Medals: _____

Type of Discharge: _____

Previous address during past ten years (*including military*):

Address: _____ City: _____ State: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ From: _____ To: _____

List additional addresses on separate sheet:

Drivers License (State and Code Number): _____

Have you ever been arrested? [] Yes [] No (*If yes, attach separate sheet providing date, place, charge, and disposition.*)

Have you ever committed a crime where some disposition, other than legal action was made? [] Yes [] No
(*If so, explain on a separate sheet.*)

Have you ever belonged to any group or organization, which advocated the overthrow of the U.S. Government or any local government, by force? [] Yes [] No
(*If yes, explain on separate sheet.*)

Provide names of three responsible persons, other than relatives or past employers who know you well enough to act as character witnesses:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Explain below, to the best of your ability, why you desire the position applied for, including any experience, training or ability that you believe will aid in qualifying you for the position. Describe fully any previous position you have held which required the exercise of authority or leadership:

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Social Security No: _____ Today's Date: _____

Your Name: _____
Last First Middle Initial

Main Area of Interest (*check one*)

Road Patrol Detention Warrants

The information requested below will be used to meet federal record keeping requirements. Your participation is completely voluntary and will in no way affect your employment opportunities with Sedgwick County Sheriff's Reserve. Please complete all items that apply to you. Thank you for your cooperation.

Your Birthdate _____/_____/_____ Sex: Male Female

EDUCATION LEVEL (*check one*)

<input type="checkbox"/> (01) Less than high school	<input type="checkbox"/> (06) Bachelor's Degree
<input type="checkbox"/> (02) High school/GED	<input type="checkbox"/> (07) Mater's Degree
<input type="checkbox"/> (03) Trade certificate	<input type="checkbox"/> (08) Professional Degree
<input type="checkbox"/> (04) Some college	<input type="checkbox"/> (09) Other Doctorate
<input type="checkbox"/> (05) Associate Degree	<input type="checkbox"/> (10) PHD

HANDICAP (*check any if appropriate*)

<input type="checkbox"/> (A) Ambulatory	<input type="checkbox"/> (M) Mental
<input type="checkbox"/> (C) Coordination	<input type="checkbox"/> (S) Sight
<input type="checkbox"/> (H) Hearing	<input type="checkbox"/> (P) Speech
<input type="checkbox"/> (L) Learning/Psychological	<input type="checkbox"/> (O) Other

RACE OR ETHNIC GROUP (*check one*)

<input type="checkbox"/> (A) American Indian	<input type="checkbox"/> (R) Asia/Pacific Islander
<input type="checkbox"/> (B) Black	<input type="checkbox"/> (S) Hispanic
<input type="checkbox"/> (C) White	

MILITARY STATUS (*check one if appropriate*)

<input type="checkbox"/> (A) Active Reserve	<input type="checkbox"/> (V) Vietnam Era
<input type="checkbox"/> (N) Inactive Reserve	<input type="checkbox"/> (O) Other Veteran
<input type="checkbox"/> (R) Retired	<input type="checkbox"/> (D) Disabled Veteran

REFERRAL SOURCE (*check one*)

<input type="checkbox"/> (A) Public Agency	<input type="checkbox"/> (E) Special Recruitment
<input type="checkbox"/> (B) Private Agency	<input type="checkbox"/> (F) Walk-in
<input type="checkbox"/> (C) Newspaper Advertisement	<input type="checkbox"/> (G) Other
<input type="checkbox"/> (D) Personal Referral	

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Date: _____

I hereby authorize any former employer, school/college official and/or any other person to release any information, transcripts, or records concerning my employment, school activity, character, integrity, grades, ratings, evaluations, and any other information to any agent of the Sedgwick County sheriff's Office.

Signed: _____

Witnessed: _____

Date: _____

I hereby certify there are no willful misrepresentations or falsifications in the above and previous statements and answers to questions. I am aware that, should investigation disclose such misrepresentations or falsifications, my application will be rejected, and I will be disqualified from any future application for appointment in the Sedgwick County Sheriff's Cadets. I further authorize all former employers, acquaintances, officials or other persons given as references to give any information concerning my person, whether such personal information be a matter of record or from personal knowledge. I sign my name below with the clear understanding of all statements within the body of this application, and that the answers to said statements and questions are true to the best of my knowledge.

Signed: _____

Witnessed: _____

Applicants under 18 years old are required to have one or both of your parent's permission.

I hereby give my permission for my son/daughter to join the Sheriff Cadet Unit.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____