

SEDGWICK COUNTY SHERIFF'S OFFICE
APPLICATION FOR SHERIFF CADET UNIT

FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

SOCIAL SECURITY # _____ **KS DL:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SCHOOL: _____ **EMPLOYER:** _____

HEIGHT: _____ **WEIGHT:** _____ **BUILD:** _____ **HAIR:** _____ **EYES:** _____

Previous addresses

Address: _____ **City:** _____ **ST:** _____

From: _____ **TO:** _____

Address: _____ **City:** _____ **ST:** _____

From: _____ **TO:** _____

Have you ever been arrested? () YES () NO

Have you ever committed a crime where some disposition, other than legal was made? () YES () NO (If so explain on back)

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: _____

IN CASE OF EMERGENCY NOTIFY

1. Name: _____ **Phone:** _____

Address: _____

Relationship: _____

2. Name: _____ **Phone:** _____

Address: _____

Relationship: _____

3. Name: _____ **Phone:** _____

Address: _____

Relationship: _____

**SEDGWICK COUNTY SHERIFF'S OFFICE
APPLICATION FOR SHERIFF CADET UNIT**

Date: _____

I hereby authorize any former employer, school/college 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 that there are no willful misrepresentations or falsifications in the above and previous statements and answers to questions. I am aware that should the 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 is 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:** _____



SEDGWICK COUNTY, KANSAS

SHERIFF'S OFFICE
ROBERT HINSHAW
Sheriff

141 WEST ELM * WICHITA, KANSAS 67203 * TELEPHONE: (316) 660-3900 * FAX: (316) 660-3248

DATE: _____

CDO # _____

SEDGWICK COUNTY SHERIFF'S CADETS REQUEST FOR I.D.

FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ PLACE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY NUMBER _____

KS DL # _____

SIGNATURE OF APPLICANT _____

BACKGROUND CHECK Y__ N__ BACKGROUND ATTACHED Y__ N__

Undersheriff Michael Stover

Sheriff Robert Hinshaw



SEDGWICK COUNTY, KANSAS

SHERIFF'S OFFICE
ROBERT HINSHAW
Sheriff

141 WEST ELM * WICHITA, KANSAS 67203 * TELEPHONE: (316) 660-3900 * FAX: (316) 660-3248

HOLD HARMLESS AND RELEASE FORM

The undersigned, parents or guardians of _____, a member of **Sedgwick County Sheriff Office Cadets, Post No. 880**, hereby indemnifies and holds harmless the Boy Scouts of America, its agencies and employees; township /city of Wichita; Sedgwick County and its servants, agents, and employees, specifically including any and all sheriff deputies or personnel involved with the supervision and control of the **Sedgwick County Sheriff Office Cadets Explorer Post No. 880**; from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of _____, his/her parents, siblings, or heirs. This indemnity and hold harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the township/ city of Wichita; Sedgwick County, its servants, agents, or employees, and particular the sheriff deputies engaged in the supervision and control as set forth hereinabove.

CADET SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____