

SEDGWICK COUNTY SHERIFF'S OFFICE

APPLICATION FOR SHERIFF CADET UNIT

Please complete this application using black ink pen or typewriter.

Name _____
Last First Middle Initial

Present Address _____
Number Street City State Zip

Home Phone (____) _____ **Work / Contact Phone No.**(____) _____

	YES	NO
Are you a United States Citizen..... ()	()	()
Are you of good moral character..... ()	()	()
Have you ever been convicted or do you have any expunged convictions by any state or the Federal Government of a crime which is a felony..... ()	()	()

I certify that the forgoing 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

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
JEFF EASTER
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 Richard Powell

Sheriff Jeff Easter



SEDGWICK COUNTY, KANSAS

SHERIFF'S OFFICE
JEFF EASTER
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 _____

CRIMINAL RECORD CHECK INFORMATION

COMMUNITY LIAISON UNIT

Name:	
Other Names Used in the Past: (i.e. maiden name if married)	
Birth Date:	
Address:	Phone:
City:	State:
Sex:	Race:
Social Security #:	
Drivers license #:	State:
Place of Employment:	

I authorized the investigation of the information contained herein by the designated public safety agency to verify its accuracy. I understand that said investigation may cover the following:

- Criminal Record

Signature

Date

Sheriff's Office use only:

Wichita Police Department use only:

SEDGWICK COUNTY SHERIFF'S DEPARTMENT WAIVER AND RELEASE OF LIABILITY

I, _____, of
(Name of Applicant)

_____, _____, _____,
(Address) (City) (State)

desire to ride with and/or observe the activities of the Sedgwick County Sheriff's Department first hand.

I, do hereby, (or I do hereby on behalf of my child) in exchange for the
(If Applicant is less than 18 years of age)

opportunity for me (or my child) to observe Sheriff's Department activities first hand, release and forever discharge the Board of County Commissioners of Sedgwick County, Kansas, and the Sedgwick County Sheriff and their agents and employees, their heirs, executors, administrators, successors, and assigns from each and every right and claim which I may hereafter have on account of damages to my (or my child's) property or person resulting from any incident, occurrence or activity arising from my accompanying Sheriff's Department personnel in the performance of their duties. I understand that this is a law enforcement activity.

The undersigned hereby declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital.

This release shall bind the signor, his/her heirs, next of kin, executors, administrators, successors, or assigns and shall inure to the benefit of the parties released, their heirs, next of kin, executors, administrators, successors or assigns.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS ITS TERMS AND CONDITIONS.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand to be hereunto affixed

this _____ day of _____, 20 _____.

(Signature of Applicant)

(Signature of Parent or Guardian if Applicant is a Juvenile)

**SEDGWICK COUNTY SHERIFF'S DEPARTMENT
ACKNOWLEDGMENT REGARDING CRIMINAL HISTORY
RECORD INFORMATION**

I, _____, of
(Name of Applicant)

_____, _____, _____,
(Address) (City) (State)

wish to participate in programs of the Sedgwick County, Kansas, Sheriff's Department, a criminal justice agency, which allow me to observe the operation of the Department.

I understand that many of the functions of the Department are, by nature, very confidential. I understand that for the Security of the Department and of the Citizens of Sedgwick County, I must treat the information I learn in the course of my observation as confidential and will not disclose details of any investigation except as specifically authorized.

Federal regulations also specify a number of requirements to ensure the confidentiality and security of criminal history record information. I understand and agree to the controls on criminal history information as has been explained to me by a representative from the Sheriff's Department.

I, hereby promise that I will not knowingly disseminate any criminal history information to any non law-enforcement agency or person in violation of the Federal or State Law. I understand that violation of these provisions may result in civil or criminal penalties and expulsion from the program.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand to be hereunto affixed
this _____ day of _____, 20 _____.

(Signature of Applicant)