

Carson City Sheriff's Office

Cadet Applicant Instruction Sheet

As a necessary condition of consideration for association with the Carson City Sheriff's Office Cadet Program, specific information and documents are required. Failure to provide this information will result in the removal of your application from consideration.

PLEASE READ THE INSTRUCTIONS CAREFULLY

Complete the application packet in handwritten longhand and in blue ink. Please ensure it is legible. All questions must be answered. If not applicable, write "N/A" in blank. Return the application to the Carson City Sheriff's Office and request that it be forwarded to Chief of Administration, Michaela Pence, together with the following:

- Recent Photograph (Photocopy of ID or Driver License)
- Report Card, Progress Report or G.E.D results (Photocopy)
- Authority to Release Information
- Sports Physical
- Waiver of Liability (CCSO)
- Waiver of Liability (PSC)
- Airsoft Waiver

You will find two (2) Waiver of Liability forms included. One is for cadets over 18 years of age and one for cadets under 18 years of age. **All cadets under 18 must have their waiver notarized.** Documents requiring notarization may be completed by any licensed notary or at the Civil Division of the Sheriff's Office.

THIS BACKGROUND INVESTIGATION IS TO DETERMINE YOUR SUITABILITY FOR MEMBERSHIP IN THE CARSON CITY SHERIFF'S OFFICE CADET PROGRAM ONLY, AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

The Carson City Sheriff's Office reserves the right to disqualify any applicant for any reason. Any false information or omission is grounds for immediate disqualification.

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Carson City Sheriff's Office

Cadet Volunteer Application

Personal Information

1. Full Name: _____
2. Physical Address: _____
3. Phone: (_____) _____ Email: _____
4. Date of Birth: _____ Age: _____ Place of Birth: _____
5. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
6. Social Security # _____
7. Driver License # _____ State: _____ Class: _____
8. School Name: _____

Parent/Guardian Information- Emergency Contact

1. Full Name: _____
2. Physical Address: _____
3. Phone: (_____) _____ Email: _____
4. Relationship: _____

Criminal History

Please answer the following questions truthfully. a “yes” answer is not necessarily grounds for disqualification. However, a false statement or omission will result in immediate disqualification.

1. Have you ever been **convicted** of a crime? _____ If yes, what for? _____

2. Have you ever been arrested? _____ If yes, what for? _____

3. Have you ever been issued a traffic citation? _____ If yes, what for? _____

4. Have you ever been suspended or expelled from school? _____ If yes, what for? _____

5. When was the last time you consumed alcoholic beverages? _____

6. Have you used any controlled substances, including marijuana? _____ If yes, what have you used and when?

7. Have you ever associated with or currently associate with any Gang? _____ If yes, which gang/ explain involvement: _____

8. Has anyone in your immediate family ever been convicted of any felony? _____ If yes, which family member and what felony? _____

Medical History

Medical questions are asked to ensure that the Sheriff's Office is aware of any medical needs in advance of your participation.

1. Do you have any physical restrictions or disabilities? _____ If yes, what? _____

2. Do you have any issues with physical activities such as running or jumping? _____
3. Do you require any physical accommodations? _____ If yes, what? _____

4. Do you have any mental disabilities? _____ If yes, what? _____

5. Are you on medication for any reason? _____ If yes, what and what for? _____

You are required to complete a Pre-participation Physical Evaluation and attach the eligibility form to this application.

Employment History: Please begin with the most recent or current employment for the past two (2) years: Use additional paper and attach if necessary.

1. Company Name: _____
Address: _____
Phone Number: (_____) _____
Date employed from: _____ To: _____
Immediate Supervisor: _____
Duties: _____
Reason for leaving: _____

2. Company Name: _____
Address: _____
Phone Number: (_____) _____
Date employed from: _____ To: _____
Immediate Supervisor: _____
Duties: _____
Reason for leaving: _____

3. Company Name: _____
Address: _____
Phone Number: (_____) _____
Date employed from: _____ To: _____
Immediate Supervisor: _____
Duties: _____
Reason for leaving: _____

4. Company Name: _____
Address: _____
Phone Number: (_____) _____
Date employed from: _____ To: _____
Immediate Supervisor: _____
Duties: _____
Reason for leaving: _____

5. May we contact your current employer and other listed employers? YES / NO

6. If we cannot contact your employers, advise which one(s) you do not wish us to contact and why. _____

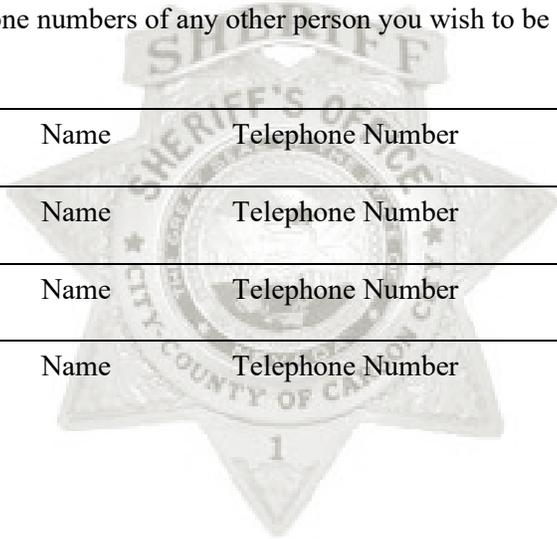
References

Please list the names, phone numbers and Emails of at least four (4) persons not related to you, who knows your qualifications and may be contacted as references. Do not list more than two (2) Law Enforcement references.

| | | | |
|----|-------|------------------|-------|
| 1. | _____ | _____ | _____ |
| | Name | Telephone Number | Email |
| 2. | _____ | _____ | _____ |
| | Name | Telephone Number | Email |
| 3. | _____ | _____ | _____ |
| | Name | Telephone Number | Email |
| 4. | _____ | _____ | _____ |
| | Name | Telephone Number | Email |

Please list the names and phone numbers of any other person you wish to be contacted. (Voluntary)

| | | | |
|----|-------|------------------|-------|
| 1. | _____ | _____ | _____ |
| | Name | Telephone Number | Email |
| 2. | _____ | _____ | _____ |
| | Name | Telephone Number | Email |
| 3. | _____ | _____ | _____ |
| | Name | Telephone Number | Email |
| 4. | _____ | _____ | _____ |
| | Name | Telephone Number | Email |



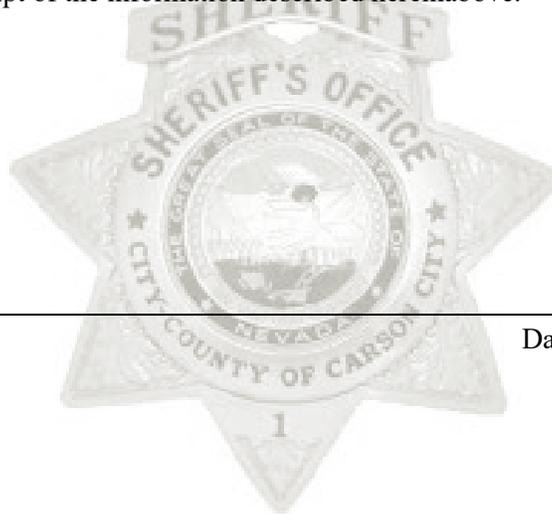
Carson City Sheriff's Office Cadets

Authority to Release Information

As an applicant to the Carson City Sheriff's Office Cadet Post, I understand I am required to furnish information for use in determining my qualifications and suitability.

I hereby authorize all my previous and/or current teachers, employers, physicians and professionals who may have examined me, friends, acquaintances, public agencies and all others to furnish the Carson City Sheriff's Office any and all information they may have concerning me, including any information of a confidential or privileged nature.

I hereby specifically release each and all of them, and the Carson City Sheriff's Office and any of its officers, employees and agents, from any and all liability and any damages whatsoever that may result from the furnishing and receipt of the information described hereinabove.



Signature of Applicant

Date

Signature of Parent/ Legal Guardian

Date