**Application**

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| --- | --- | --- | --- | --- |
| Date | Social Security | Age | Date of Birth | Email Address |

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| --- |
| Tuition (Place an “X” in the appropriate box) See Tuition handout for further information |
| Full Payment | Payment Plan | Financial Aid | Scholarship  | GI Benefits |

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| --- |
| Name |
| Last | First  | Middle Initial |
| Previous Last Names Used (including maiden name, if applicable) |

|  |
| --- |
| Address |
| Mailing Address |
| City | State | Zip Code |

|  |
| --- |
| Phone Numbers |
| Home Phone Number |
| Office Phone Number |
| Cell Phone Number |

|  |
| --- |
| Person to Notify in Case of Emergency |
| Name | Relationship |
| Address | Home Phone Number |
| City | Office Phone Number |
| State | Cell Phone Number |
| Zip Code |  |
| Education |
| High School Name |
| City |
| State |
| Did you graduate? YES NO If yes, when? |

|  |
| --- |
| If you received a GED, please complete the following: |
| Year Obtained |
| City |
| State |

|  |  |
| --- | --- |
| Please Indicate All Colleges / Universities previously attended (if applicable) |  |
| Name | State | Dates of Attendance | Major | Date Graduated | Hours Received |
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| Employment History |
| List all the jobs you have had in the past five years (list current first) |
| Name of Employer | Type of Work | Dates | Reason for Leaving |
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| References: (List three references not related or living within the same household) |
| Name | Relationship | Years Acquainted | Phone Number |
|  |  |  |  |
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| Military / Driving / Arrest Records |

1. Are you a veteran of military service? Yes No

If yes, please provide a copy of your DD-214 Yes No

1. Date and Type of Discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have a valid driver’s license? Yes No
3. Has your driver’s license ever been suspended or revoked? Yes No
4. Have you ever been arrested for a felony? Yes No
5. Have you ever been arrested for a misdemeanor? Yes No
6. Have you ever been convicted of a felony, including the receiving or a Suspended Imposition of a Sentence following a plea or finding of guilt to a felony charge? Yes No
7. Have you ever been convicted of a misdemeanor involving moral turpitude? Yes No

If you answered “yes” to questions 5 through 8, please explain and provide ***complete certified copies*** of investigative reports and court disposition documents. If you need additional space, attach a separate piece of paper.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature below, I certify that the information given herein is true and accurate to the best of my knowledge. I understand that any omission of falsification of the above information will disqualify me from attend the Cass County Sheriff's Office Regional Training Academy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Release Information**

To whom it may concern:

I, (print your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize you to release any and all information regarding my employment, credit, arrest and conviction record, and any other information, whether personal or otherwise, that may be on my records to the:

Cass County Sheriff's Office Regional Training Academy

2501 W Mechanic Suite 100

Harrisonville, MO 64701

I further release you from all liability for releasing such information.

**Please Print the Following Information**

|  |
| --- |
| Name |
| Address |
| Driver’s License Number |
| Social Security Number |
| Date of Birth | Place of Birth |
| Sex | Race | Height | Weight | Eye Color | Hair Color |

I sign this agreement voluntarily and under penalty of law.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_