

# ***Cass County Sheriff's Office Regional Training Academy***

## **Application**

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

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	

## ***Cass County Sheriff's Office Regional Training Academy***

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

## ***Cass County Sheriff's Office Regional Training Academy***

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

References: (List three references not related or living within the same household)			
Name	Relationship	Years Acquainted	Phone Number

## Military / Driving / Arrest Records

- 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.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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

***Cass County Sheriff's Office Regional Training Academy***  
**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: \_\_\_\_\_