

Preliminary Cadet Application

		Today's Date://		
Please print all information legibly. Leav	e no blank spaces.			
Your Email address:				
Full name: LAST FIR		Date of birth:///		
Home Address:	City:	Zip:		
Home Phone: () Cell:	. () W	Vork: ()		
Height: Weight: H	Iair color: Eye colo	r: Sex: Male Female		
Are you between the ages of 15 years and	20 years old? Yes No			
<u>If you are under 18 years old, do you hav</u>	e parent permission/appro	val to apply/be a Cadet? Y N		
Do you have a valid driver's license? Y N If so, number: State:				
Other languages spoken:				
Please provide parent/guardian informat	tion: REQUIRED IF UND	DER 18 YEARS OF AGE		
Parent/Guardian Name:	Phone:	Relationship:		
Parent/Guardian Name:	Phone:	Relationship:		
Education:				
Name of School:	e of School: Counselor's Name:			
Current Grade: Grade Point Average	e: Do you have at least	t a "C" grade in all classes? Y N		
Please circle the highest grade completed:	_			
High School: 9 10 11 12 Do you have	e a high school diploma? Y	N G.E.D. Certificate? Y N		
If enrolled in College, list the College nan	ne:			
Major and Number of units:				
Have you ever been suspended from school	ol? Y N, if yes, when and	short description of reason:		

Legal:

Have you ever been arrested? Y N If yes, charge(s), date, location:	
Have you ever used illegal drugs? Y N If yes, what type?	
Have you ever used marijuana? Y N If yes, last time used and frequency?	
Have you ever been listed as a runaway? Y N if yes, when?	
How did you hear about the Owyhee County Cadets?	
Are you new to the Cadet program? Y N	
If no, what agency were you a Cadet?	

I hereby authorize the Owyhee County Sheriff's Office to conduct a background investigation concerning my work record, reputation, medical, physical and criminal record, including information of a confidential or privileged nature. I understand that I will need to complete a background check, an interview, and successfully complete a designated probation period prior to being a full member of the Owyhee County Sheriff's Cadets.

I authorize an investigation of all statements contained in the application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my membership is for no definite period and may be terminated at any time without any previous notice.

Notary Seal	Signature of Parent or Guardian:	Date:		
	Signature of Applicant:	Date:		
	Signature of Notary:	Date:		
	Please return completed form to:			
Owyhee County Sheriff's Office 20381 ID-78 Murphy, ID 83650				

For Official use only, application either (circle): APPROVED REJECTED

Official's name/badge number for this application:___