



KERN COUNTY SHERIFF'S OFFICE COMMUNITY OUTREACH ACADEMY



APPLICATION

NAME:	DATE OF BIRTH:
HOME ADDRESS: <i>(Please, no P.O. box)</i>	
WORK ADDRESS:	OCCUPATION:
HOME/CELL PHONE #:	EMAIL ADDRESS:
SOCIAL SECURITY #:	DRIVERS LICENSE #
How did you hear about the Kern County Sheriff's Community Academy?	
Why are you interested in attending the Kern County Sheriff's Community Academy?	

DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS OR PENDING COURT CASES? (Include all misdemeanors and felonies. You do not have to include infractions – example, traffic ticket.)

Circle one: Yes No **If you answered "yes", please list below the DATE, AGENCY, CHARGE, AND DISPOSITION. Attach additional sheets if necessary.**

Arrests and or convictions may not be automatic disqualifiers for this course. Each application will be reviewed independently.

DATE: _____	AGENCY: _____	CHARGE: _____
DISPOSITION: _____		
DATE: _____	AGENCY: _____	CHARGE: _____
DISPOSITION: _____		

PLEASE LIST ANY ADULTS WHO LIVE WITH YOU:

Name: _____	Relationship: _____	Date of Birth _____
Name: _____	Relationship: _____	Date of Birth _____
Name: _____	Relationship: _____	Date of Birth _____



**KERN COUNTY SHERIFF'S OFFICE
COMMUNITY OUTREACH ACADEMY**



AUTHORIZATION TO RELEASE INFORMATION

Authority to Conduct Background Check

As a candidate to participate in the Kern County Sheriff's Office Community Academy, I hereby authorize the Kern County Sheriff's Office to conduct a criminal history background investigation, including a livescan (finger printing). I understand that such a background investigation is being conducted due to the content of the classes given to the Community Academy students. I understand all available Police and criminal records will be checked and the information will be used in determining eligibility of applicants for the Community Academy. All information will remain confidential.

A photocopy of this release form shall be as valid as the original thereof, even though the photocopy does not contain an original writing of my signature. I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

SIGNATURE	DATE	SSN #
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(In accordance with Federal Privacy Act of 1974, disclosure of the S.S.N. is voluntary. The S.S.N. will be used only for identification purposes to ensure that proper records are obtained.)

FULL NAME (PLEASE PRINT)	TELEPHONE NUMBER
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CURRENT ADDRESS, (including city, state, & zip code)

Please return this application to Kern Regional Training Center, at 962 Norris Road, Bakersfield 93308, Monday through Friday 8:00 a.m.-4:00 p.m. Valid government identification is required for fingerprinting.