



Kern County

SHERIFF

Cadet Unit

Preliminary Application

Today's Date: ____/____/____

Please print all information legibly. Leave no blank spaces.

Your Email address: _____

Full name: _____ Date of birth: ____/____/____
 LAST FIRST MIDDLE

Home Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____ Sex: Male Female

Are you between the ages of 14 ½ years and 20 ½ years old? Yes No

If you are under 18 years old, do you have parent permission/approval to apply/be a Cadet? Y N

Do you have a valid driver's license? Y N If so, number: _____ State: _____

Other languages spoken: _____

Education:

Name of School: _____ Counselor's Name: _____

Current Grade: _____ Grade Point Average: _____ Do you have at least a "C" grade in all classes? Y N

Please circle the highest grade completed:

High School: 9 10 11 12 Do you have a high school diploma? Y N G.E.D. Certificate? Y N

If enrolled in College, list the College name: _____

Major and Number of units: _____

Have you ever been suspended from school? 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 Kern County Cadet? _____

Are you new to the Cadet program? Y N

If no, what agency were you a Cadet? _____

Parent/Guardian: _____ Relationship: _____

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I hereby authorize the Kern 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 packet, an interview, attend the Volunteer Services Academy and successfully complete a designated probation period prior to being a full member of the Kern County Sheriff’s Cadet.

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.

Signature of Parent or Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____

**Please return this completed form to: Kern County Sheriff’s Office
Building A
1350 Norris Rd.
Bakersfield, CA 93308**

Or email completed application to: mcnealp@kernsheriff.org or Eluckhardt@kernda.org

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

Official’s name/badge number for this application: _____