

7. List three persons who know you well enough to provide current and past information about you. Do not list relatives or former employers :

Name: _____ Address: _____
Home Phone: _____ Business Phone: _____
Business Address: _____
Years Known: _____

Name: _____ Address: _____
Home Phone: _____ Business Phone: _____
Business Address: _____
Years Known: _____

Name: _____ Address: _____
Home Phone: _____ Business Phone: _____
Business Address: _____
Years Known: _____

EMPLOYMENT

8. Begin with your present or most recent job and list your complete work record. List dates in proper sequence. When listing military service, give names and rank of last immediate superior. Also list periods of unemployment.

From: _____ To: _____ Company: _____
Phone Number: _____ Address: _____
Duties: _____
Supervisor's Name: _____ Reason for Leaving: _____

From: _____ To: _____ Company: _____
Phone Number: _____ Address: _____
Duties: _____
Supervisor's Name: _____ Reason for Leaving: _____

From: _____ To: _____ Company: _____
Phone Number: _____ Address: _____
Duties: _____
Supervisor's Name: _____ Reason for Leaving: _____

Have you ever been discharged or asked to resign from any position or employment? Yes ___ No ___. If yes, explain in detail giving employer: _____

RESIDENCE HISTORY

9. List all addresses where you have lived during the past five (5) years. Account for all of the time, starting with the most recent address. During military service, list all addresses off base rather than military quarters. List date by month and year. Use back of page if necessary.

From: _____ To: _____ Address : _____
 If rental, give name and address of landlord? _____

From: _____ To: _____ Address : _____
 If rental, give name and address of landlord? _____

EDUCATION HISTORY

10. List all high schools, colleges, universities, trade and business schools attended. Begin with the most recent and continue in sequence.

<u>Name of School</u>	<u>Street Address</u> <u>City & State</u>	<u>Dates Attended</u>		<u>Graduate</u>	
		<u>From</u>	<u>To</u>	<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you attended college, number of credits completed: _____

What was your major? _____

What was your minor? _____

Degree received? _____

List any courses or training, including military experience and education, that you feel have a bearing on your qualifications for this position: _____

ARREST INFORMATION

11. Have you ever been arrested/convicted of a felony or a misdemeanor, including military court martial? (Omit traffic violations). Yes ___ No ___ If yes, complete the following (list juvenile as well as adult occurrences):

<u>Police Agency</u>	<u>City & State</u>	<u>Date</u>	<u>Disposition of Case</u>
<u>Crime Charged</u>			

TRAFFIC HISTORY

12. Do you possess a valid operator's license? Yes ___ No ___.

From what state? _____ License Number: _____

Type of license (operator, chauffeur, etc.): _____

Expiration Date: ____ / ____ / ____
 Mon. Day Year

Was your license ever suspended or revoked? Yes ___ No ___. If yes, give date, location, and reasons: _____

List all driving citations you have received as an adult or juvenile, excluding parking tickets:

<u>Month/Year</u>	<u>Charge</u>	<u>City & State</u>	<u>Disposition</u>

Describe in brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations: _____

LIQUOR AND NARCOTICS

13. Describe in your own words your use of intoxicating liquors: _____

Have you ever used any form of drugs or narcotics other than those prescribed by your physician? Yes ___ No ___. If yes, explain in detail: _____

Have you ever sold or furnished drugs or narcotics to anyone? Yes ___ No ___. If yes, explain in detail: _____

Do you know of anything that would disqualify you for police appointment? Yes ___ No ___. If yes, explain in detail: _____

RELEASE

I hereby certify, under the penalty of perjury and potential criminal charges, that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination from the Cadet/Explorer Program.

Signature of Applicant

Subscribed and sworn before me
this ____ day of _____ 200__.

Date

My commission expires _____

**EL PASO COUNTY SHERIFF'S OFFICE
WAIVER OF LIABILITY**

THE STATE OF _____
COUNTY OF _____

KNOW BY ALL MEN THAT THIS PRESENTS:

THAT I, _____, the parent of _____, allow my son/daughter the privilege of joining and participating in the El Paso County Sheriff's Office Cadet/Explorer Program. I recognize that participation in the program can involve inherent dangers, do hereby agree to assume the risks attendant to such activity. Moreover, I the undersigned, binding my heirs, executors, administrators and assigns, do hereby release the County of El Paso, the El Paso County Sheriff's Office, agents and employees, in both their official and personal capacities, from any and all liability, claims, suits, demands or causes of action which may arise from my receiving training at the El Paso County Sheriff's Office.

It is further agreed that the execution of this release shall not constitute a waiver by the County of El Paso and its employees of the defense of governmental immunity, where applicable, or any other defense.

Signed, this the ____ day of _____, 200__.

Signature of parent, if applicant is a minor: _____

Signature of applicant: _____

Address: _____

Telephone: Home: _____ Work: _____

Person to be notified in case of an emergency:

Relationship: _____

Phone Number: _____

STATE OF _____
COUNTY OF _____

Signed and sworn to before me this ____ day of _____ 200__.

My commission expires _____

PERSONAL INQUIRY WAIVER

TO:

I respectfully request and authorize you to furnish the El Paso County Sheriff's Office any and all information that you may have concerning me, my academic record, my work record, my reputation, my financial and credit status. Please include any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and photocopies of same, if requested. This information is to be used to assist the Office in determining my qualifications and fitness for the position I am seeking with the El Paso County Sheriff's Office.

I hereby release you and all your duly authorized agents from any liability or damage which may result from furnishing the information requested above.

Applicants Signature

Date

Parents signature if applicant is a minor

Date

NOTE: A PHOTOCOPY REPRODUCTION OF THIS SIGNED REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.

Subscribed and sworn before me

this ____ day of _____ 200__.

My commission expires _____.