



# KERN COUNTY SHERIFF'S OFFICE COMMUNITY OUTREACH ACADEMY



## APPLICATION

<b>NAME:</b>	<b>DATE:</b>
<b>HOME ADDRESS:</b> <i>(Please, no P.O. box)</i>	<b>DATE OF BIRTH:</b>
<b>WORK ADDRESS:</b>	<b>OCCUPATION:</b>
<b>HOME/CELL PHONE #:</b>	<b>EMAIL ADDRESS:</b>
<b>SOCIAL SECURITY #:</b>	<b>DRIVERS LICENSE #</b>
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?	
<b>DATE SUBMITTED:</b>	<b>RECEIVED BY:</b>

**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.

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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.)

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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. (there are no exceptions). Valid government identification is required for fingerprinting.