

HENDERSON COUNTY SHERIFF'S OFFICE

100 North Grove Street Hendersonville, NC 28792

For Sheriff's Office Use Only	
Received On:	

CADET APPLICATION

Name:						
	Last	First	Middle			
Date of Birth:	//	_				
Address:						
Number	Str	eet				Apartment #
City:			State: _		Zip: _	
Telephone:	() Home		_ () Work		()	Cell
Email:						
Other name(s) by	which you are know	wn:				
Height:	Weight:		Hair Color:		Eye Color:	
	АТТАСН А СОР	Y OF YOU	R BIRTH CERTIFI	CATE TO THI	S APPLICATIO	DN
Are any relatives	employed by or vol	unteer for He	nderson County?	() Yes	() No	
If yes, please list b	pelow:					
Name				Department e	mployed/volunto	eer
Have you ever wo		ered for Hend	lerson County?	() Yes	() No	

fine or forfeiture or bail of \$50 or mol If your answer is "yes", please explain	re? () Yes () No (<i>A</i>	"yes" answer does not automatical	
(Note: You do not need to answer "ye expunged, or statutorily eradicated.	•	tion for which the record has been	judicially ordered sealed
Has your driver's license ever been su require driving.) () Yes () N			
Driver's License Number:		Expiration Date:	
FAMILY INFORMATION			
Parent/guardian name:		Relationship:	
Address:		City:	
State: Zip:	Tel	ephone:	
Cell Phone:	Email:		
EDUCATIONAL HISTORY:			
Middle School:			
School name	City	Years attended	
High School:			
School name	City	Years attended	
If currently enrolled in school:			
Name		City	
Grade	Course	of Study	
Do you have a high school diploma?	() Yes () No		
If not enrolled in a school where you	employed?		
Employer address	City	State T	elephone number
PLEASE ATTACH THE MOST REC	ENT COPY OF YOUR GR	ADES (if applicable), or A COPY	OF YOUR DIPLOMA.
Have you ever been reported as a run	away or as a missing perso	on? () Yes () No If yes, gi	ve details:
EMERGENCY CONTACT INFO	RMATION		
NAME:		·	
ADDRESS:			
Street/Number	City	State	Zip Code
TELEPHONE:	_	RELATIONSHIP:	

REFERENCES

Give three (3) references who are responsible adults of reputable standing in their community that you HAVE KNOWN WELL FOR AT LEAST TWO (2) YEARS, AND WHO KNOW YOU.

References CANNOT be relatives, former employers or present employers. You MUST include full names, complete address and correct contact telephone number(s) where they may be contacted during normal business hours.

1)	Reference Name:			
	Telephone #:			
	Address:			
21				
2)				
	Telephone #:			
	Address:			
3)	Reference Name:			
	Telephone #:			
	Address:			
CL	OTHING SIZES			
SH	IIRT:	WAIST:	INSEAM:	
PA	ARENTAL CONSENT			
			on to the Henderson County Sheriff ve training in law enforcement and r	
	·		they will be permitted to ride with a	•
tou	ur of duty excluding midnight shif	ts.		
Sig	nature of Parent or Guardian			
AP	PPLICANT			
Т				
	•		the best of my knowledge and I als	_
_	ing false information, or withho minated.	iding any information will I	be cause for my application not to	be considered and/or
	nature of Applicant			
5,6,	natare or rippileunt			

WAIVER, RELEASE AND INDEMNIFICATION OF ANY AND ALL CLAIMS

Whereas,	l,	, as a member of the Henderson County Sheriff's
Hendersor	· ·	of the Henderson County Sheriff's Office nor an employee of articipate in activities sponsored by members of the Henderson
These acti	vities include, but are not limited to:	
1.	Riding as a guest or passenger in a vel	hicle assigned to the Henderson County Sheriff's Office.
2.	Receiving firearms shooting and safet Sheriff's Office.	ry instruction from personnel employed by the Henderson County
3.	Participating in assorted physical activ	vities in Henderson County buildings.
		I given to me to participate in the above activities sponsored by Sheriff's Office, my legal guardian(s) or parent(s) and I do hereby
personnel voluntarily	is inherently dangerous and that I, w	ware that the work of the Henderson County Sheriff's Office with the consent of my legal guardian(s) or parent(s), freely and ipating in activities including but not limited to the above listed neriff's Office.
hold harm against an and/or Co damage to	iless the Henderson County Sheriff and y loss, damage and expense (including unty from any claims, suits, actions, do property sustained by reason or as a	lectively referred to as the "participant") agree to indemnify and the County of Henderson, their officers, agents and employees all costs and reasonable attorney's fees) suffered by the Sherif amages or causes of action for any personal injury, loss of life or result of the presence or participation of the participants or their in any and all of the activities of the Henderson County Sheriff's
 Dat	 te	Applicant
 Dat	te	Parent/legal guardian

DECLARATIONS

MEMBER QUALIFICATIONS

1) Candidate must be of good character, pass a background investigation and have no arrest record.

USE OF DEPARTMENTAL EQUIPMENT, BOOKS AND UNIFORMS

Henderson County Sheriff's Office. All items must I the Cadet will be charged for any mutilation, disfi	nderson County Sheriff's Office Cadet are the sole property of the be returned to the Sheriff's Office in good order when leaving, or gurement or loss. Any intentional damage caused to Departmental parent(s)/legal guardian(s), will be held legally responsible for all
Applicant signature	 Date
Parent/legal guardian signature	

Please return the completed application to the reception area of the Henderson County Sheriff's Office located at 100 N. Grove St., Hendersonville, NC 28792. You will be contacted when the application has been processed.