# ONONDAGA COUNTY SHERIFF'S OFFICE
# JOB SHADOWING/MENTORING PROGRAM
# APPLICATION

LEGAL NAME:

_____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____ SEX: _____ RACE: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____

EYE COLOR: _____ GLASSES: YES / NO (circle one)

STUDENT: (check one)
____HIGH SCHOOL: _____ GRADE: _____
NAME OF HIGH SCHOOL

____ COLLEGE: _____ PROGRAM/MAJOR: _____
NAME OF COLLEGE

____ NYSED REGOGNIZED CAREER & TEHNICAL EDUCATION WORK EXPERIENCE PROGRAM

_____B.O.C.E.S._____NEW VISIONS ____ OTHER_____
NAME

ONONDAGA COUNTY SHERIFF'S OFFICE EMPLOYEE (check one)

____ CURRENT EMPLOYEE ____CANDIDATE

____ FAMILY MEMBER EMPLOYEE NAME: _____RELATIONSHIP: _____

____ OTHER SPECIFY: _____

I have answered the above questions to the best of my knowledge and recollection and I understand that any false statements made herein are punishable as a CLASS A MEDEMEANOR pursuant to Section 210.45 of the Penal Law, State of New York.

Signature_____ Date_____

Type of ID_____