



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

LEGAL NAME:

Last

First

Middle

ADDRESS: _____

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

EMAIL: _____ 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 RECOGNIZED CAREER & TECHNICAL 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 MISDEMEANOR pursuant to Section 210.45 of the Penal Law, State of New York.

Signature _____

Date _____

Type of ID _____