

# FRANKLIN COUNTY



## SHERIFF'S OFFICE



## CITIZENS ACADEMY

**FRANKLIN COUNTY SHERIFF'S OFFICE  
CITIZEN ACADEMY  
Application and information sheet**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List any previous names, nicknames or maiden names: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address (Number, Street and Unit): \_\_\_\_\_

Home City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Address ( Number, Street and Unit): \_\_\_\_\_

Work City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Please list three references:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

# Franklin County, Kansas Authorization for Release of Information



I hereby request and authorize the Franklin County Sheriff's Office to conduct a Criminal History information check, as described in K.S.A. 22-4701 et seq., for the purposes of my request to provide services to Franklin County, in accordance with K.S.A. 22-4710.

I voluntarily waive all right of recourse and release you from liability for compliance with this authorization.

Please Print:

**Full Name:** \_\_\_\_\_  
Last Name First Name Middle Name

**Any Other Name Used:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street/Box/Apartment

\_\_\_\_\_  
City State Zip Code

**Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Race:**  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Native Hawaiian or Other Pacific Islander  
 White  Two or More Races  Other: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Drivers License State & Number:** \_\_\_\_\_

**DL Expiration Date:** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date Signed

*For Office Use Only*

*Department Applied for:* \_\_\_\_\_

- Criminal Justice Employment (Triple III, Pur/J, KBI Check Pur/J, ZQ71DL check)*  
 *Non-Criminal Justice Employment (KBI Check Pur/J/Fr. Co. Resolution 97-11,, ZQ71DL check)*