



BCJA Cadet Information

Cadet Address Must Be a Physical Address, No PO Box.

Last Name:	First Name:	Middle Initial:	Male / Female: <input type="checkbox"/> <input type="checkbox"/>	Driver License #:	State:
Street Address:	City:	Zip Code:	State:	Social Security Number:	
Date of Birth:	Home Phone Number:	Weight:	Eye Color:	Hair Color:	Height:

Education

Highest Education Attained:

High School Diploma / GED: <input type="checkbox"/>	Some College: <input type="checkbox"/>	College Degree:	AA/AS: <input type="checkbox"/>	BA/BS: <input type="checkbox"/>	Masters: <input type="checkbox"/>
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Emergency Contact Information

In case of Emergency, Please Notify:

Emergency Contact Name:	Relationship:		
Day Phone Number:	Evening Phone Number:	Alternate Phone Number:	

Offsite Housing Location

Please complete if you are staying in offsite housing and not at the Academy.

Street Address:	City:	Telephone Number:
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Cadet Vehicle Information

Complete ONLY if vehicle is on grounds

Is your vehicle insured? Yes: No:

Vehicle License Plate # :	Vehicle Make:	Vehicle Model	Vehicle Color:
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Did you leave State employment to accept this position? If so, which department? _____

If you did leave prior State employment, what was your job classification? _____