

KEIZER POLICE DEPARTMENT

CADET APPLICATION FORM

PERSONAL INFORMATION

LAST NAME			FIRST			MIDDLE		
STREET ADDRESS						MAILING ADDRESS		
CITY			STATE			ZIP CODE		
DAYTIME PHONE			EVENING PHONE			CELL PHONE		
DATE OF BIRTH			OREGON DRIVERS LICENSE #			SOCIAL SECURITY #		
E-MAIL ADDRESS								

HAVE YOU EVER BEEN CHARGED WITH A CRIME, CONVICTED OF A CRIME, OR BEEN A SUSPECT IN A CRIMINAL INVESTIGATION? (IF YES, PLEASE ATTACH SUPPLEMENTAL PAGE AND EXPLAIN IN FULL)		YES	NO
HAS ANY PERSON(S) RESIDING WITH YOU BEEN CHARGED WITH A CRIME, CONVICTED OF A CRIME, OR BEEN A SUSPECT IN A CRIMINAL INVESTIGATION? (IF YES, PLEASE ATTACH SUPPLEMENTAL AND EXPLAIN IN FULL)		YES	NO

PARENT/GUARDIAN INFORMATION

MOTHER'S FULL NAME _____	DATE OF BIRTH _____	PHONE NUMBER _____
FATHER'S FULL NAME _____	DATE OF BIRTH _____	PHONE NUMBER _____
LEGAL GUARDIAN _____ (if applicable)	DATE OF BIRTH _____	PHONE NUMBER _____

SKILLS, SPECIAL INTERESTS, HOBBIES: (PLEASE ATTACH SUPPLEMENTAL PAGE IF NECESSARY)

On a separate piece of paper, explain why you want to become a police cadet.
 MINIMUM OF 300 WORDS REQUIRED.

EDUCATIONAL BACKGROUND

HIGH SCHOOL ATTENDING/ATTENDED	GRADUATED? Y / N
	CURRENT GRADE POINT AVERAGE:
OTHER/ VOCATIONAL	DEGREE/CERTIFICATES

PERSONAL REFERENCES – do not use family members or persons in the same household

NAME	PHONE	ADDRESS
Relationship:		

NAME	PHONE	ADDRESS
Relationship:		

NAME	PHONE	ADDRESS
Relationship:		

EMPLOYMENT HISTORY – include volunteer positions

EMPLOYER / ORGANIZATION	PHONE	ADDRESS
SUPERVISOR	POSITION/DUTIES	BEGINNING/END DATE

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EMPLOYER / ORGANIZATION	PHONE	ADDRESS
SUPERVISOR	DUTIES	BEGINNING/END DATE

AUTHORIZATION WAIVER

ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION WILL RESULT IN DISQUALIFICATION FROM APPOINTMENT. I AUTHORIZE THE KEIZER POLICE DEPARTMENT TO CONDUCT A COMPLETE BACKGROUND INVESTIGATION ON MY SUITABILITY AS A VOLUNTEER AND UNDERSTAND THAT ANY INFORMATION OF A CRIMINAL OR ADVERSE NATURE MAY DISQUALIFY ME.

IF APPOINTED TO A VOLUNTEER POSITION, I AGREE TO SERVE WITHOUT REIMBURSEMENT OF ANY KIND, AND WITH THE UNDERSTANDING AND AGREEMENT THAT BENEFITS AND INSURANCE ARE NOT PROVIDED BY THE CITY OF KEIZER.

I RELEASE AND HOLD HARMLESS THE CITY OF KEIZER, ITS AGENTS, EMPLOYEES AND ELECTED OFFICIALS FROM ANY AND ALL LIABILITY RESULTING FROM PERSONAL INJURY, DEATH OR PROPERTY DAMAGE SUSTAINED AS A RESULT OF VOLUNTEERING FOR THE KEIZER POLICE DEPARTMENT. I UNDERSTAND THAT LAW ENFORCEMENT CAN BE A HAZARDOUS OCCUPATION AND THAT SITUATIONS WILL ARISE WHICH MAY RESULT IN EXPOSURE TO DANGER, INJURY, OR DEATH.

AT ALL TIMES I AGREE TO OBEY ALL ORDERS, INSTRUCTIONS AND COMMANDS OF THE OFFICERS AND EMPLOYEES OF THE KEIZER POLICE DEPARTMENT. I AGREE TO KEEP CONFIDENTIAL ANYTHING OF A CONFIDENTIAL NATURE THAT I MAY HEAR OR OBSERVE. I FURTHER UNDERSTAND THAT MY VOLUNTEER STATUS MAY BE TERMINATED AT ANY TIME.

SIGNATURE OF APPLICANT

DATE

PARENTAL ENDORSEMENT (REQUIRED FOR APPLICANTS UNDER 18 YEARS OF AGE):

I HAVE READ AND UNDERSTAND THE AUTHORIZATION WAIVER AND AGREE TO ITS PROVISIONS AS THEY APPLY TO MY CHILD, _____. I ALSO AGREE TO ASSUME FULL RESPONSIBILITY FOR MY CHILD AS PERTAINS TO THE PROVISIONS SET FORTH.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

PRINT NAME