



# CAMILLUS / SOLVAY POLICE CADET

## POST # 949

### \* \* Application for Membership \* \*

IN ORDER TO BE CONSIDERED FOR MEMBERSHIP IN THE CAMILLUS/SOLVAY POLICE CADET POST # 949 YOU MUST COMPLETE THIS APPLICATION TO ITS FULLEST. IF YOU ARE UNDER THE AGE OF 18, THE APPLICATION MUST BE SIGNED BY YOUR PARENT/GUARDIAN. PART OF THE APPLICATION PROCESS INCLUDES A BACKGROUND INVESTIGATION PERFORMED BY THE CAMILLUS/SOLVAY POLICE DEPARTMENTS. ANY FELONY OR MISDEMEANOR CONVICTIONS WILL RESULT IN THE IMMEDIATE REMOVAL OF YOUR APPLICATION FROM THE APPLICATION PROCESS. ANY INFORMATION RECEIVED WILL ONLY BE USED TO DETERMINE THE ELIGIBILITY FOR MEMBERSHIP IN THE POST AND MAY BE USED FOR ANY OTHER LAW ENFORCEMENT PURPOSES.

#### 1. Applicant Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First M.I. Mo Day Yr

Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_  
 \_\_\_\_\_

Do you possess a driver's license? Y / N      If Yes, License #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2. Employment History** (starting with most recent)

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Boss/Manager: \_\_\_\_\_ Dates of Employment:     /     TO     /      
Mo Yr Mo Yr

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Boss/Manager: \_\_\_\_\_ Dates of Employment:     /     TO     /      
Mo Yr Mo Yr

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Boss/Manager: \_\_\_\_\_ Dates of Employment:     /     TO     /      
Mo Yr Mo Yr

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**3. Parent / Guardian Information**

Name: \_\_\_\_\_ **DOB:**     /     /      
Last First M.I. Mo Day Yr

Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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Name: \_\_\_\_\_ **DOB:**     /     /      
Last First M.I. Mo Day Yr

Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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**4. Police Contact / Discipline** (use page 5 if additional space is required)

Have you ever been arrested for any offense other than traffic related?: Y / N

If yes, when and for what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received a traffic citation?: Y / N

If yes, when and for what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined or suspended from school?: Y / N

If yes, when and for what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use or have you ever tried drugs or alcohol?: Y / N

If yes, type and frequency of use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Why are you interested in becoming a Police Cadet?:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. How did you hear about the Police Cadet program?:**

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I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. ANY STATEMENTS OR INFORMATION FOUND TO BE FALSE MAY RESULT IN THE IMMEDIATE DISMISSAL FROM THE APPLICATION PROCESS. I FURTHER AUTHORIZE THE CAMILLUS/SOLVAY POLICE DEPARTMENTS TO CONDUCT AN INVESTIGATION OF MY BACKGROUND INCLUDING BUT NOT LIMITED TO MY EDUCATIONAL, DRIVING EMPLOYMENT AND CRIMINAL HISTORY. I UNDERSTAND THAT ANY INFORMATION OBTAINED WILL BE USED TO DETERMINE MY ELIGIBILITY FOR THE POSITION OF POLICE CADET AND CAN BE USED FOR ANY OTHER LAW ENFORCEMENT PURPOSE FOUND APPROPRIATE.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature                      Date

**\*If Applicant is UNDER the age of 18, the application must be signed by a parent/guardian AND NOTARIZED\***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent / Guardian Signature                      Date

**Notary stamp here:**

\_\_\_\_\_  
Notary Public

7. Space for additional response:

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**POLICE DEPARTMENT USE ONLY**

Date Application Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Personal Background Check
- Educational Background Check
- Employment Check
- Driver Review

Date of Interview: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Accepted for meeting observations

Declined REASON: \_\_\_\_\_  
 \_\_\_\_\_

Date of Meetings Attended: 1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Accepted for full membership
- Declined REASON: \_\_\_\_\_  
 \_\_\_\_\_

Uniform voucher issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_