



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

3. Parent / Guardian Information

Name: _____ Last _____ First _____ M.I. _____ DOB: ____/____/____
Mo Day Yr

Address: _____ Street Address _____ City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Relationship to applicant: _____

Name: _____ Last _____ First _____ M.I. _____ DOB: ____/____/____
Mo Day Yr

Address: _____ Street Address _____ City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Relationship to applicant: _____

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?:

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:

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: ____ / ____ / ____