Juneau Police Department

CADET APPLICATION

**PERSONAL INFORMATION**

|  |
| --- |
| Last Name First Middle |
| Street Address Mailing Address |
| City State Zip Code |
| Home Phone | Cell Phone | E-Mail Address |
| Date of Birth | Alaska Driver License/Permit # | Social Security # |

**PARENT / GUARDIAN INFORMATION**

|  |
| --- |
| Mother’s Full Name ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Full Name ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian’s Full Name ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Have you ever been charged with a crime, convicted of a crime, or been a suspect in a criminal investigation? If Yes, attach a 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, attach a supplemental page and explain in full. YES NO

**SKILLS, SPECIAL INTERESTS, HOBBIES** Attach supplemental page if necessary.

**On a separate piece of paper, explain why you want to become a police cadet.**

Minimum of 50 words.

**EDUCATIONAL BACKGROUND**

Current/Last School Graduated? Yes No

Degree/Certificate Current Grade Point Average

**PERSONAL REFERENCES** – Do not use family members or persons in the same household.

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| --- |
| Name Phone Number AddressRelationship |
| Name Phone Number AddressRelationship |
| Name Phone Number AddressRelationship |

**EMPLOYMENT / VOLUNTEER HISTORY**

|  |  |  |
| --- | --- | --- |
| Employer / Organization | Supervisor | Phone Number |
| Position / Duties |  | Address |
| From: | To: |  |

|  |  |  |
| --- | --- | --- |
| Employer / Organization | Supervisor | Phone Number |
| Position / Duties |  | Address |
| From: | To: |  |

|  |  |  |
| --- | --- | --- |
| Employer / Organization | Supervisor | Phone Number |
| Position / Duties |  | Address |
| From: | To: |  |

**MEDICAL/EMERGECY CONTACT INFORMATION:**

|  |  |
| --- | --- |
| Emergency contact #: | Relationship: |
| Primary doctor: | Office phone #: |
| Please list any allergies and/or medical conditions the application has that JPD should be aware of: |  |

**AUTHORIZATION TO CONDUCT BACKGROUND CHECK:**

I AUTHORIZE THE JUNEAU POLICE DEPARTMENT TO CONDUCT A BACKGROUND CHECK TO DETERMINE MY SUITABILITY TO WORK ON A VOLUNTEER BASIS AS A JUNEAU POLICE DEPARTMENT POLICE CADET. I UNDERSTAND I MAY OR MAY NOT BE SELECTED TO PARTICIPATE IN THE PROGRAM.

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_