



ALBANY POLICE CADET APPLICATION

We are pleased that you are interested in the Albany Police Department Cadet Program. The Cadet Program affords young men and women the opportunity to become involved with and learn about the law enforcement profession. The intent of the Cadet Program is to educate and involve youth in police operations. Through your involvement, the Cadet Program provides an awareness of the complexities of the law enforcement profession, whether this is your chosen field or not.

Cadet Eligibility Requirements:

- Must be between the ages of 16 and 20 years old.
- Must maintain a GPA of 2.50 or above in high school and/or college.
- Upon completion of high school, must attend college part- or full-time or work part- or full-time.
- Must maintain good moral character and have a clean record.
- Must maintain appearance and demeanor that meets the standards of the Albany Police Department.
- Must demonstrate responsible actions as a citizen in the community and maintain a good reputation.
- If under 18 years of age, must have written approval of parent or legal guardian to assure full parental support and cooperation.
- Must attend regular meetings of the Albany Police Cadet Post.
- Must possess a valid Oregon Driver License or be able to obtain one within two months of appointment to the post.
- **Must complete a ride-along before applying to be a Cadet. Click [here](#) to complete ride-along form.**

Cadet Responsibilities:

- Cadets are allowed to ride with an approved officer a maximum of 36 hours each calendar month.
- If less than 18 years of age, Cadet may not ride on patrol any later than midnight on any night.
- Shall participate in public relations, security, and other events in which the Cadet Post is involved.
- Shall work a minimum of five hours of administrative time (filing, citation entry, dispatch, etc.) depending on their assignment.
- If accepted into the Cadet Program, Cadets are required to maintain good grooming standards on hair length and appearance, facial hair, and general appearance.
- Must maintain integrity. Any occurrence of dishonesty and/or deception is grounds for immediate termination from the Cadet Program.

These standards will also be maintained throughout your service in the Cadet Program. We expect all of our members to be proud of who they are and proud to belong to this organization. We will not make exceptions to our high standards. Therefore, if you do not feel that you can meet these requirements and responsibilities, we suggest that you reconsider applying for this program.

If you feel that you can meet these requirements, we invite and welcome your application to be an Albany Police Cadet. If you would like more information, please contact the Albany Police Department at 541-917-7680.



ALBANY POLICE CADET APPLICANT QUESTIONNAIRE

Name of Applicant: (Last, First, Middle)

Date of Application: _____

READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Albany Police Cadet Program will evaluate this questionnaire. It will be reviewed as part of a background investigation into your personal history. **Any false, misleading, or incomplete information or failure to follow instructions listed below will be grounds to disqualify you for membership in the Albany police cadet program.**

All applicants are required to complete a ride-along, this questionnaire, an oral board interview, and written testing as part of the application process.

FOLLOW THESE DIRECTIONS CAREFULLY

- Complete the questionnaire on your own. You may type or handwrite your responses.
- Write or print legibly in black or blue ink. Do not use pencil!
- Read each question carefully, and answer completely and accurately.
- Answer all questions. Incomplete questionnaires will not be considered.
- If a question does not apply to you, write “n/a” in the box.
- If you need additional space, attach additional pages.
- Read and sign the last page of this questionnaire. If you are under 18 years old, you must also have a parent or guardian signature.
- Submit a copy of your school transcripts with your completed questionnaire.

SECTION 1: PERSONAL DATA

| | | | | | | | | |
|------------------------|---------------|----------------|------------|---|-------------------------------------|---------------|------------|-----------|
| LAST NAME | FIRST NAME | MIDDLE NAME | HOME PHONE | CELL PHONE | CAN YOU SEND/RECEIVE TEXT MESSAGES? | | | |
| CURRENT ADDRESS | | | CITY | STATE | ZIP | EMAIL ADDRESS | | |
| AGE | DATE OF BIRTH | PLACE OF BIRTH | SEX | RACE | HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR |
| SOCIAL SECURITY NUMBER | | | | LIST ANY OTHER NAMES YOU HAVE EVER USED | | | | |

SECTION 2: ADDRESS HISTORY

Starting with your present address, list all mailing addresses where you have lived for the past five (5) years. Do not forget to include zip codes.

| DATES | | STREET ADDRESS | CITY | COUNTY | STATE | ZIP CODE |
|-------|---------|----------------|------|--------|-------|----------|
| FROM | TO | | | | | |
| | PRESENT | | | | | |
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SECTION 3: REFERENCES

List three (3) references (not relatives or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.

| | | | |
|-----------------|----------------|-------------|-------------------------------------|
| NAME | STREET ADDRESS | __RESIDENCE | __BUSINESS |
| HOW LONG KNOWN? | OCCUPATION | CITY | STATE ZIP HOME PHONE BUSINESS PHONE |
| NAME | STREET ADDRESS | __RESIDENCE | __BUSINESS |
| HOW LONG KNOWN? | OCCUPATION | CITY | STATE ZIP HOME PHONE BUSINESS PHONE |
| NAME | STREET ADDRESS | __RESIDENCE | __BUSINESS |
| HOW LONG KNOWN? | OCCUPATION | CITY | STATE ZIP HOME PHONE BUSINESS PHONE |

SECTION 4: EDUCATION

Indicate by checking the selection below if you have any of the following:

HIGH SCHOOL DIPLOMA

G.E.D. CERTIFICATE

Are you currently attending school? YES NO

If yes, what school are you attending? _____

What grade are you currently in? _____

What is your current grade point average? _____

Please list any junior high, high school, or college you have attended in chronological order.

| DATES | NAME OF SCHOOL | ADDRESS, IF OUTSIDE ALBANY | YEAR IN SCHOOL |
|-------|----------------|----------------------------|----------------|
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Have you ever been suspended, disciplined or expelled from any school? YES NO

If yes, please explain:

SECTION 5: EMPLOYMENT HISTORY

Have you ever been employed? YES NO

Are you currently employed? YES NO

If you have been employed before, have you ever been fired, dismissed or asked to resign from any employment?

YES NO

If yes, please explain.

If you have not been employed before, you may skip Section 5, Employment History, on the following page.

SECTION 5: EMPLOYMENT HISTORY (continued)

Beginning with your present or most recent employer, list all the places you have worked. List all employment, temporary assignments, volunteer service, and part-time employment. You must list everything, omit nothing. (If additional space is needed, attached a separate sheet of paper or write on back page.)

| | | | | |
|--|------------------|--------------|------------|-----------------|
| CURRENT OR MOST RECENT EMPLOYER | NAME OF BUSINESS | | JOB TITLE | |
| | STREET ADDRESS | | SUPERVISOR | |
| FROM: | CITY | PHONE NUMBER | | STARTING SALARY |
| TO: PRESENT | STATE | ZIP | | ENDING SALARY |
| DESCRIBE YOUR DUTIES: | | | | |

| | | | | |
|-----------------------|------------------|--------------|------------|-----------------|
| EMPLOYER | NAME OF BUSINESS | | JOB TITLE | |
| | STREET ADDRESS | | SUPERVISOR | |
| FROM: | CITY | PHONE NUMBER | | STARTING SALARY |
| TO: PRESENT | STATE | ZIP | | ENDING SALARY |
| DESCRIBE YOUR DUTIES: | | | | |

| | | | | |
|-----------------------|------------------|--------------|------------|-----------------|
| EMPLOYER | NAME OF BUSINESS | | JOB TITLE | |
| | STREET ADDRESS | | SUPERVISOR | |
| FROM: | CITY | PHONE NUMBER | | STARTING SALARY |
| TO: PRESENT | STATE | ZIP | | ENDING SALARY |
| DESCRIBE YOUR DUTIES: | | | | |

SECTION 6: ARREST / CRIMINAL HISTORY

The following questions pertain to your experiences in this country and all other countries, as both a juvenile and as an adult. Do not include minor traffic violations. Explain any "yes" answers in detail on back page.

| | YES | NO |
|--|-----|----|
| A. Have you ever had any contact with any law enforcement official? | | |
| B. Have you ever been warned about anything by a law enforcement official? | | |
| C. Have you ever been detained by a law enforcement official? | | |
| D. Have you ever been accused of a crime? | | |
| E. Have you ever been charged with a crime? | | |
| F. Have you ever been arrested? | | |
| G. Have you ever been convicted of a crime? | | |
| H. Have you ever been booked into jail? | | |
| I. Have you ever received a criminal citation? | | |
| J. Have any of your relatives ever been convicted or held in any detention facility, jail or prison? | | |
| K. Have the police ever been called to your home for any reason? | | |

If you have answered "yes" to any of the above questions, list the incident below and make certain you have explained the incident on back page. Be sure to refer to the questions by its letter (a thru k) when explaining it. All incidents must be explained.

| QUESTION A THRU K | DATE | REASON / CHARGE | LAW ENFORCMENT AGENCY — CITY/STATE | DISPOSITION / SENTENCE |
|-------------------|------|-----------------|------------------------------------|------------------------|
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SECTION 7: DRIVING HISTORY

Have you ever had a driver's license? YES _____ NO

Have you ever had a driver's license canceled, refused, revoked or suspended? YES _____ NO _____

If yes, you must explain, in detail on back page, the reason for this action and the dates.

| ISSUE DATE | TYPE OF LICENSE | EXPIRATION DATE | STATE | LICENSE NUMBER |
|------------|-----------------|-----------------|-------|----------------|
| | | | | |
| | | | | |
| | | | | |

Have you ever attended a driver improvement school? YES _____ NO

WHEN? _____ WHERE? _____

SECTION 9: ORGANIZATION MEMBERSHIP

Are you now, or have you ever been, a member of any anti-government group or organization? (If yes, explain in detail below.) YES NO

Are you now, or have you ever been, a member or affiliated with a gang or an organization that advocates or approves in the commission of acts of force or violence toward people or property? (If yes, explain in detail below.) YES NO

SECTION 10: EXPLANATION SECTION

This section is to be used to clarify or explain any part of this questionnaire. Please indicate the section (such as *employment history*) and the specific questions answered by number.

| SECTION NAME & QUESTION NUMBER | EXPLANATION |
|-----------------------------------|-------------|
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IF MORE SPACE IS NEEDED, ATTACH ANOTHER SHEET OF PAPER TO THIS APPLICATION.

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN PRIOR TO SUBMITTING THIS QUESTIONNAIRE.

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment or material fact, my application may be rejected and I will not be eligible to become a Cadet with the Albany Police Department. If I have already been accepted, I may be dismissed.

I authorize the Albany Police Department to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Albany Police Department to thoroughly investigate all aspects of my personal background and qualifications. By applying to be a volunteer with the Albany Police Explorer Post, I expressly waive all my legal rights and causes of action to the extent that the Albany Police Department investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability, under any and all possible cause of action, the City of Albany, the Albany Police Department, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health.

I also agree to participate in the Cadet activities if accepted into the Albany Police Cadet Program. I agree to exonerate and hold blameless the Chief of Police of the City of Albany, its officers, advisors, and Cadets in the event of any accident or injury which may occur as a result of my participating in the Cadet activities with this organization.

Signature of Applicant

Date

If applicant is under the age of 18 years old, the parents or legal guardian must read and sign the following.

We, the parents/guardians or _____, have read the application for the Albany Police Cadet Program and do also agree with the above mentioned statements. I also agree to allow my son / daughter to participate in the Cadet activities if he / she is accepted into the Cadet Program. We also agree to exonerate and hold blameless the Chief of Police of the City of Albany, its officers, advisors, and Cadets in the event of any accident or injury which may occur as a result of his / her participation in the Cadet activities with this organization.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____