

Sitka Police Department Cadet Program

Application for Membership

Please type of print legibly in black ink. Fill in all sections. Incomplete or unreadable applications will be rejected.

IF YOU NEED MORE ROOM TO COMPLETE THIS APPLICATION, PLEASE USE A BLANK SHEET OF PAPER AND ATTACH.

PERSONAL INFORMATION

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

AGE: _____ BIRTHDATE: _____

DRIVER'S LIC NUMBER: _____ STATE OF ISSUE: _____

WHAT OTHER STATES HAVE YOU HAD A DRIVER'S LICENSE? _____

HAVE YOU TAKEN ADDITIONAL DRIVING CLASSES? _____ WHEN & WHERE? _____

SOCIAL SECURITY NUMBER: _____

HEIGHT: _____ WEIGHT: _____ COLOR EYES: _____

COLOR HAIR: _____

WORK INFORMATION

NAME OF EMPLOYER: _____

ADDRESS: _____ ZIP: _____

SUPERVISOR: _____ PHONE: _____

HOW LONG HAVE YOU WORKED HERE? _____

YOUR PRIMARY DUTIES: _____

PARENTS (Include Step-Parents)

NAME: _____
RELATIONSHIP: _____ DOB: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
EMPLOYER: _____

NAME: _____
RELATIONSHIP: _____ DOB: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
EMPLOYER: _____

NAME: _____
RELATIONSHIP: _____ DOB: _____
ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
EMPLOYER: _____

SIBLINGS (List brothers, sisters, step-brothers, step-sisters)

NAME: _____ DOB: _____
RELATIONSHIP: _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS: _____

NAME: _____ DOB: _____
RELATIONSHIP: _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS: _____

NAME: _____ DOB: _____
RELATIONSHIP: _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS: _____

NAME: _____ DOB: _____
RELATIONSHIP: _____ LIVING WITH YOU NOW? _____
IF NOT, CURRENT ADDRESS: _____

RESIDENCES (List the last 5 addresses where you lived. Include who lived with you at each).

1) ADDRESS _____
LIVED HERE FROM (MONTH & YEAR) _____ TO _____
WHO LIVED WITH YOU HERE? _____

2) ADDRESS _____
LIVED HERE FROM (MONTH & YEAR) _____ TO _____
WHO LIVED WITH YOU HERE? _____

3) ADDRESS _____
LIVED HERE FROM (MONTH & YEAR) _____ TO _____
WHO LIVED WITH YOU HERE? _____

4) ADDRESS _____
LIVED HERE FROM (MONTH & YEAR) _____ TO _____
WHO LIVED WITH YOU HERE? _____

5) ADDRESS _____
LIVED HERE FROM (MONTH & YEAR) _____ TO _____
WHO LIVED WITH YOU HERE? _____

EDUCATION/SCHOOL INFORMATION

HIGH SCHOOL GRADUATE? YES NO YEAR GRADUATED: _____

WHICH HIGH SCHOOL? _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

G.E.D.? YES NO YEAR COMPLETED _____

WHERE FROM? _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

ATTENDING HIGH SCHOOL? YES NO

WHICH HIGH SCHOOL? _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

WHAT GRADE: _____ YEAR TO GRADUATE: _____

CURRENT GPA: _____

ATTENDING COLLEGE? YES NO

WHICH COLLEGE? _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

CURRENT GPA: _____

MAJOR: _____

ATTENDANCE AT MORE THAN ONE HIGH SCHOOL?

WHICH HIGH SCHOOL? _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

YEAR(S) ATTENDED: _____

REASON FOR CHANGING SCHOOLS? _____

WHICH HIGH SCHOOL? _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____

YEAR(S) ATTENDED: _____

REASON FOR CHANGING SCHOOLS? _____

IF YOU HAVE EVER BEEN ARRESTED, HELD ON SUSPICION, DETAINED OR FINGERPRINTED BY ANY POLICE OR JUVENILE AUTHORITY, PROVIDE THE FOLLOWING INFORMATION:

DATE: _____

CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ **ZIP:** _____

PHONE NUMBER: _____

DISPOSITION: _____

DATE: _____

CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ **ZIP:** _____

PHONE NUMBER: _____

DISPOSITION: _____

DATE: _____

CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ **ZIP:** _____

PHONE NUMBER: _____

DISPOSITION: _____

DATE: _____

CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ **ZIP:** _____

PHONE NUMBER: _____

DISPOSITION: _____

ON A SEPARATE PIECE OF PAPER AND BEGINING WITH THE MOST RECENT CASE, WRITE AN ACCOUNT OF EACH INCIDENT LISTED ABOVE. FAILING TO DO THIS, YOUR APPLICATION WILL BE REJECTED.

DRIVING RECORD

DO YOU HAVE AN ALASKAN DRIVER'S LICENSE OR ALASKAN IDENTIFICATION CARD?

NO YES NUMBER: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? NO YES

CRASH HISTORY:

DATE: _____

LOCATION: _____

INVESTIGATING AGENCY: _____

ADDRESS: _____ ZIP: _____

CASE NUMBER: _____ PHONE NUMBER: _____

DATE: _____

LOCATION: _____

INVESTIGATING AGENCY: _____

ADDRESS: _____ ZIP: _____

CASE NUMBER: _____ PHONE NUMBER: _____

TRAFFIC CITATION (LIST)

| DATE | CHARGE | AGENCY | DISPOSITION |
|-------|--------|--------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

REFERENCES – ALL INFORMATION REQUESTED MUST BE COMPLETED

LIST FIVE (5) PERSONS NOT RELATED TO YOU WHO KNOW YOU WELL. DO NOT INCLUDE FAMILY AND FRIENDS. INDICATE HOW LONG THE REFERENCES HAVE KNOWN YOU.

#1 **NAME:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
HOME PHONE: _____ **WORK PHONE:** _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

#2 **NAME:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
HOME PHONE: _____ **WORK PHONE:** _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

#3 **NAME:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
HOME PHONE: _____ **WORK PHONE:** _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

#4 **NAME:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
HOME PHONE: _____ **WORK PHONE:** _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

#5 **NAME:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____

WORK PHONE: _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

SIGNATURE

All of the above and attached information is true and correct to the best of my knowledge. If not, your application will be rejected.

Signature of Applicant

Date

DO NOT WRITE IN THIS BOX – OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

APPLICATION FILLED OUT PROPERLY? YES NO

BACKGROUND INVESTIGATION ASSIGNED TO: _____

- RECORDS CHECK (ATTACHED)
- DRIVING RECORD (ATTACHED)
- WORK INFORMATION (ATTACHED)
- SCHOOL INFORMATION (ATTACHED) GPA: _____
- REFERENCE LETTERS (ATTACHED)
- CHECK ON PREVIOUS ADDRESSES (ATTACHED)
- CHECK ON REFERENCES (ATTACHED)

OTHER: _____

ORAL INTERVIEW: DATE: _____ PASS FAIL REASON: _____

ACCEPTED INTO PROGRAM: YES NO DATE: _____

SIGNATURE OF ADVISOR: _____

Sitka Police Department's Cadet Program
304 Lake Street, Sitka Alaska 99835
907-747-3245

AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the Sitka Police Department's Cadet Program with any and all information that you have concerning myself, my work record, my school records to include disciplinary actions, my financial status, my driving record, my criminal history and any other information requested by the Sitka Police Department.

Information of a confidential, privileged nature may be included. Your reply will be used to assist the Sitka Police Department in determining my qualifications and fitness for the position I am seeking in the Sitka Police Department's Cadet Program.

I hereby release you, your organization/company/school and others from any liability or damage that may result from furnishing the information requested.

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain this form for your files.

Applicant's Signature

Parent's Signature (If under 18)

Date

State of Alaska

City & Borough of Sitka

Signed or attested before me on _____ day of _____, 20____

By _____ (printed name of applicant)

By _____ (printed name of parent only if needed)

Notary Public – State of Alaska
My commission expires: _____

Notary Stamp