



SPRINGFIELD POLICE DEPARTMENT

SPRINGFIELD POLICE CADET APPLICATION



INSTRUCTIONS

1. Read every question carefully and answer each question accurately. Each entry must be legible and written in black ink. If a question or item does not apply to you, write N/A in the blank so we know you did not omit it.
2. The questions contained herein are necessary to conduct a complete background check and computer inquiry for reasons of security and to determine your physical and mental preparedness to perform the duties assigned, and will not be used to discriminate in any manner.
3. Any false or misleading information provided by you or arranged by you with references or past employers will be grounds to disqualify your application, and if appointed, may cause your termination.
4. Please include a copy of your high school diploma. If you are still in school, include an official letter listing your current grade point average.

Personal Information (Please print or type)			
Name: (Last, First, Middle)			
Address: (Street Number, City, State, Zip)			
Phone Number: (Include Area Code)		Email:	
Date of Birth:	Age:	Sex:	Race:
Social Security Number:	Drivers License Number:	Height:	Weight:
Marital Status:		Name of Spouse:	
Name of Parent of Legal Guardian: (Last, First, Middle)			
Address: (Street Number, City, State, Zip)			
Phone Number: (Include Area Code)		Occupation:	

Personal Information Continued

(Please print or type)

Do you have a valid Missouri Drivers License? Yes No

Have you ever received a traffic citation? Yes No If "Yes", list date(s) and reason(s) for citation(s).

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Have you ever been arrested? Yes No If "Yes", list date(s) and charge(s).

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Are there any other occasions you may have had police contact, but not arrested? Yes No If "Yes", explain.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Employment History

(List employment history beginning with the most recent job)

Employer:

Address: (Street Number, City, State, Zip)

Phone Number: (Include Area Code)

Supervisor's Name:

Your Title or Job Description:

Dates of Employment:

To

Employer:

Address: (Street Number, City, State, Zip)

Phone Number: (Include Area Code)

Supervisor's Name:

Your Title or Job Description:

Dates of Employment:

To

Employer:

Address: (Street Number, City, State, Zip)

Phone Number: (Include Area Code)

Supervisor's Name:

Your Title or Job Description:

Dates of Employment:

To

References

(List 3 character references (not relatives or in-laws) who are responsible adults and have know you for at least 3 years)

Name:

Mailing Address: (Street Number, City, State, Zip)

Phone Number: (Include Area Code)

Years Acquainted:

Occupation:

Name:

Mailing Address: (Street Number, City, State, Zip)

Phone Number: (Include Area Code)

Years Acquainted:

Occupation:

Name:

Mailing Address: (Street Number, City, State, Zip)

Phone Number: (Include Area Code)

Years Acquainted:

Occupation:

Education

(List all high schools and colleges you have attended)

High School:

Grade Completed:

Address: (Street Number, City, State, Zip)

High School:

Grade Completed:

Address: (Street Number, City, State, Zip)

Education Continued (List all high schools and colleges you have attended)	
College:	Grade Completed:
Address: (Street Number, City, State, Zip)	
College:	Grade Completed:
Address: (Street Number, City, State, Zip)	

Additional Information
Do you know anyone currently involved with the cadet program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list his/her name. _____
How did you become acquainted with the Springfield Police Cadets? _____ _____ _____ _____

The above answers and statements are true. I understand that any false information shall be reason to disqualify me from becoming a member of the Springfield Police Cadets, and that a complete and thorough background investigation on me will be completed by the Springfield Police Department.

Signature

Date

Parent or Legal Guardian's Consent (If Under the Age of 18)

Signature

Date



SPRINGFIELD MISSOURI POLICE DEPARTMENT



BACKGROUND INVESTIGATION WAIVER AND RELEASE

I, _____, am applying for the position of _____ with the Springfield Missouri Police Department. I understand that, in order to gauge my fitness for the position, the City of Springfield must conduct a thorough and complete background investigation. I understand that, to facilitate a thorough and complete background investigation and to ensure complete candor on the part of those providing the necessary information, I must:

- A.) consent to an investigation by the City of Springfield concerning my background;**
- B.) waive any and all claims I might otherwise have against those individuals who conduct the investigation, or those who cooperate and provide information to the City; and**
- C.) waive my right to review the complete background investigation.**

WHEREFORE

I, for and in consideration of the City of Springfield's consideration of my application for the position, do hereby specifically authorize the City of Springfield to conduct a thorough and complete background investigation on me for the purpose of gauging my fitness for the position and, further, I do hereby waive, release and forever relinquish any and all claims and causes of action against the City and/or any of its officials or employees that might otherwise accrue to me as a result of the City's conduct of the investigation. I understand that, in the event I suffer any injury of any kind as a result of the City's conduct of this investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the City or any of its officials or employees, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed me.

And, also for and in consideration of the City of Springfield's consideration of my application for the position, I do hereby specifically authorize, request and direct any individual, including but not limited to my family, friends, neighbors (past or present), and acquaintances (past or present), my employers (past or present), my references, educational institutions of any kind, credit bureaus or consumer reporting agencies, medical institutions or doctors, or any other person, institution, organization or governmental agency or instrumentality (local, state, federal, military, or foreign), wherever situated, to completely and thoroughly answer any and all questions concerning me posed by any official or employee of the City and to provide to the City, or any of its officials or employees, any requested document, information, record or file concerning me. I also hereby authorize access to any and all social networking accounts(s) that have been created under my name and/or email address(s) related to web based internet (Facebook, Twitter, MySpace, etc.) Refusal to allow access to social networking site account(s) created under my name and/or email address(s) shall be grounds for dismissal from the testing process. I do hereby waive, release and forever relinquish any and all claims and causes of action against any such individual that may accrue to me as a result of the individual's cooperation with the conduct of the background investigation or release of information to the City or any of its officials or employees. I understand that, in the event I suffer any injury of any

kind as a result of the individual's cooperation with the conduct of the background investigation or release of information to the City, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from the individual, even if such injury or harm occurs as a direct result of the individual's negligence or actual malice or any other failure on the individual's part to satisfy any duty owed me.

And, also for and in consideration of the City of Springfield's consideration of my application for the position, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to Missouri's Sunshine Law, RMSO 610.011 and 610.021, to review and/or copy the background investigation completed on me or any part thereof.

A copy of this Waiver and Release shall be deemed as effective as the original.

For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position, this Waiver and Release shall be effective for a period of 18 months from the date of my execution hereof. My waiver of the right to review and copy the background investigation is perpetual.

This Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release of All Claims. This Waiver contains the entire agreement between the parties hereto and its terms are contractual and are not a mere recital.

I have carefully read the above and foregoing Waiver and Release consisting of two pages in its entirety. I know and understand the contents thereof and do, of my own free will, sign this Waiver and Release indicating my specific agreement to any and all terms.

Applicant Signature

Date

Witness

Date

(Must Be Notarized Below)

STATE OF _____ }

COUNTY OF _____ }

SUBSCRIBED and SWORN to before me, a Notary Public, this _____ day of _____, 20_____.

Notary

My Commission Expires: _____