



**Springfield  
POLICE**

# 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.

<b>Personal Information</b> (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)

<b>Education Continued</b> (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)	

<b>Additional Information</b>
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