



Camillus/ Solvay

Police Cadet Program

“Educating our future of Law Enforcement”



## Police Cadet Application

In order to be considered for membership in the Camillus/ Solvay Police Cadet Post # 949, we ask that you complete this application. If you are under the age of 18, the application must be signed by your parent or guardian. Part of the application process includes a background investigation performed by the Camillus/ Solvay Police Departments. Any Felony or Class A or B Misdemeanor convictions will result in removal from the application process. Any information received is used only to determine the eligibility for membership any other law enforcement purposes.

### Youth Information

Name: \_\_\_\_\_  
Last First Middle

Date of birth: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
City State Zip code

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sports/Programs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you possess a drivers license?: \_\_\_\_\_ Drivers license #: \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer phone #:** \_\_\_\_\_

**Employer address:** \_\_\_\_\_  
City State Zip co

**Parent/Guardian Information**

**Name:** \_\_\_\_\_  
Last First Middle

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip code

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip code

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Police Contact**

**Have you ever been arrested for any offense other than traffic related?:** \_\_\_\_\_

**If yes, what for?** \_\_\_\_\_

\_\_\_\_\_

**Have you ever received a traffic citation?:**

\_\_\_\_\_

**If yes, what for?:** \_\_\_\_\_

\_\_\_\_\_

**Why are you interested in becoming a Police Cadet?:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about the Police Cadet program?:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that all the above statements and information are true to the best of my knowledge. Any false statements may result in the immediate rejection of my application. I further authorize the Camillus/ Solvay Police Departments to conduct an investigation of my background, including my driving and criminal history (if any). I understand that any information obtained will be used to determine my eligibility for the position applied for and any other law enforcement purposes.**

\_\_\_\_\_

**Police Cadet Applicant Signature**

\_\_\_\_\_

**Parent/ Guardian Signature**

\_\_\_\_\_

**Cadet Program Advisor Signature**