



City of Keizer

930 Chemawa Rd NE * PO Box 21000 * Keizer, OR 97307-1000

Telephone: (503) 856-3468 * Fax: (503) 390-8295

Website: www.keizer.org

Cadet Application Instructions

The City of Keizer is an equal opportunity employer. All applicants will be considered without regard to age, race, religion, sex, national origin, gender, gender identity, sexual orientation, marital status, familial status, and/or mental or physical disability, in accordance with applicable federal and state equal employment opportunity laws.

GENERAL INSTRUCTIONS

1. Print legibly or type.
2. Complete the entire application. Answer each question. Incomplete applications will not be processed.
3. Submit your application on or before the posted closing date. Applications submitted after 5:00 pm on the closing date will not be considered.
4. Employment applications must be delivered to the Keizer Police Department via one of these options:
 - email to blaylockw@keizer.org;
 - fax to (503) 390-8295;
 - postal mail to PO Box 21000, Keizer, OR 97307-1000;
 - hand deliver to Keizer Police Department reception located at 930 Chemawa Rd NE, Keizer, OR.

INSTRUCTIONS BY SECTION

Personal Information

- Use your full legal name.
- Provide a complete mailing address (PO Box is acceptable; include city/state/zip).
- Provide phone number and e-mail address where you are easily reachable.

Parent/Guardian Information – We need to know who you live with.

Skills, special interests, hobbies – This information gives us a greater idea of who you are.

Explanation of interest in becoming a police cadet – Don't skip this step; application incomplete without it.

Educational Background – Self-explanatory. GPA? Our program requires at least 2.5.

Personal References – People who know you and can speak about your character.

Employment/Volunteer History

- List all your job(s) and volunteer experience. Describe duties as detailed as possible.
- Do not substitute a resume or other documentation in lieu of completing this section.
- Use a supplemental sheet of paper if needed.

Authorization Waiver

- Legalese that says you told the truth.
- If you are of legal age, your autograph is enough; if a minor, your parents also have to sign because they are responsible for you.

Before you submit your application, have you ...

- | | |
|---|---|
| <input type="checkbox"/> Fully completed each section? | <input type="checkbox"/> Detached and kept the instruction page? |
| <input type="checkbox"/> Signed and dated the last page? | <input type="checkbox"/> Kept a copy of all application materials for your records? |
| <input type="checkbox"/> Included all supplemental materials? | |

WHAT'S NEXT?

- Staff will review applications for completeness and contact you for an interview.

KEIZER POLICE DEPARTMENT

CADET APPLICATION

PERSONAL INFORMATION

Last Name	First	Middle
Street Address		Mailing Address
City	State	Zip Code
Home Phone	Cell Phone	E-Mail Address
Date of Birth	Oregon Driver License/Permit #	Social Security #

PARENT / GUARDIAN INFORMATION

Mother's Full Name _____	Date of Birth _____	PHONE NUMBER _____
Father's Full Name _____	Date of Birth _____	PHONE NUMBER _____
Guardian's Full Name _____	Date of Birth _____	PHONE NUMBER _____

Have you ever been charged with a crime, convicted of a crime, or been a suspect in a criminal investigation? If Yes, attach a supplemental page and explain in full. YES NO

Has any person(s) residing with you been charged with a crime, convicted of a crime, or been a suspect in a criminal investigation? If Yes, attach a supplemental page and explain in full. YES NO

SKILLS, SPECIAL INTERESTS, HOBBIES. Attach supplemental page if necessary.

On a separate piece of paper, explain why you want to become a police cadet.
Minimum of 300 words.

EDUCATIONAL BACKGROUND

Current/Last School _____ Graduated? _____ Yes _____ No

Degree/Certificate _____ Current Grade Point Average _____

PERSONAL REFERENCES – Do not use family members or persons in the same household

Name	Phone Number	Address
Relationship		
Name	Phone Number	Address
Relationship		
Name	Phone Number	Address
Relationship		

EMPLOYMENT / VOLUNTEER HISTORY

Employer / Organization	Supervisor	Phone Number
Position / Duties		Address
From:	To:	

Employer / Organization	Supervisor	Phone Number
Position / Duties		Address
From:	To:	

Employer / Organization	Supervisor	Phone Number
Position / Duties		Address
From:	To:	

AUTHORIZATON WAIVER

All information contained in this application is true and accurate to the best of my knowledge. I understand that falsification or misrepresentation will result in disqualification from the program. I authorize the Keizer Police Department to conduct a complete background investigation on my suitability as a cadet and understand that any information of a criminal or adverse nature may disqualify me.

If appointed to a volunteer position, I agree to serve without reimbursement of any kind and with the understanding and agreement that benefits and insurance are not provided by the City of Keizer.

I release and hold harmless the City of Keizer, its agents, employees and elected officials from any and all liability resulting from personal injury, death or property damage sustained as a result of volunteering for the Keizer Police Department. The release does not include medical costs associated with an accepted, verified on-duty accident that are covered by the City's workers' compensation insurance for volunteers. I understand that law enforcement can be a hazardous occupation and that situations will arise which may result in exposure to danger, injury, or death.

At all times I agree to obey all lawful orders, instructions and commands of the officers and employees of the Keizer Police Department. I agree to keep confidential anything of a confidential nature that I may hear or observe. I further understand that my volunteer status may be terminated at any time.

Signature of Applicant

Date

PARENTAL ENDORSEMENT (Required for applicants under 18 years of age)

I have read and understand the authorization waiver and agree to its provisions as they apply to my child, _____. I also agree to assume full responsibility for my child as pertains to the provisions set forth.

Signature of Parent or Legal Guardian

Date

Printed Name