



LODI POLICE DEPARTMENT'S CADET PROGRAM APPLICATION



IMPORTANT:

1. Please complete this application form only if you meet the requirements of the position as described in the job announcement.
2. Applications are subject to disqualification if not signed and completed fully.
3. Using block lettering, please handprints this application in blue or black ink.
4. All information is subject to verification.

PERSONAL INFORMATION:

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Age: _____ Date of Birth (DOB): _____ Hair: _____ Eyes: _____

Gender: _____ Social Security #: _____

Driver's License #: _____ Class: _____ State: _____

Father's Name: _____ Telephone: _____

Address: _____

Mother's Name: _____ Telephone: _____

Address: _____

Guardian's Name: _____ Telephone: _____

Address: _____

In case of an emergency, who should be contacted?

Name: _____ Telephone: _____

Relationship: _____

Address: _____

Are you related to any City of Lodi employee? Yes No

If yes, provide their name and relationship below.

Name: _____ Department: _____ Relationship: _____

Name: _____ Department: _____ Relationship: _____

EDUCATION INFORMATION:

Are you currently enrolled in school? Yes No

If yes, attach your latest report card.

Name of current school/college: _____

List other school attended (most recent and work backwards):

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

WORK EXPERIENCE:

Do not indicate "See Resume". List all jobs in the last five years. Be specific in describing these jobs (paid or volunteer). Be sure to list each change in title or promotion separately. If qualifying experience is part-time or volunteers, be sure to list the number of hours per week doing the work. You may use additional sheets of paper if necessary. Begin with your present job or most recent job and work backwards.

From: _____ To: _____ Number of Hours per Week: _____

Employer: _____ Telephone: _____

Title of Position: _____ Supervisor: _____

Duties: _____

Reason for leaving (be Specific): _____

From: _____ To: _____ Number of Hours per Week: _____

Employer: _____ Telephone: _____

Title of Position: _____ Supervisor: _____

Duties: _____

Reason for leaving (be Specific): _____

From: _____ To: _____ Number of Hours per Week: _____

Employer: _____ Telephone: _____

Title of Position: _____ Supervisor: _____

Duties: _____

Reason for leaving (be Specific): _____

From: _____ To: _____ Number of Hours per Week: _____

Employer: _____ Telephone: _____

Title of Position: _____ Supervisor: _____

Duties: _____

Reason for leaving (be Specific): _____

From: _____ To: _____ Number of Hours per Week: _____

Employer: _____ Telephone: _____

Title of Position: _____ Supervisor: _____

Duties: _____

Reason for leaving (be Specific): _____

BACKGROUND INFORMATION:

Have you ever been arrested? Yes No

If yes, when, where and provide an explanation: _____

REFERENCES:

List five (5) personal references (not relatives):

Name: _____ Telephone: _____

Relationship: _____

Address: _____

Name: _____ Telephone: _____

Relationship: _____

Address: _____

Name: _____ Telephone: _____

Relationship: _____

Address: _____

Name: _____ Telephone: _____

Relationship: _____

Address: _____

Name: _____ Telephone: _____

Relationship: _____

Address: _____

CERTIFICATE OF APPLICANT:

I certify that all information in this application is true and correct to the best of my knowledge. I agree to be fingerprinted, to submit to a reference and background check, a medical examination, a drug and alcohol screening and upon appointment, to furnish such proof or age and citizenship as may be required. I understand and agree that any and all misstatements or omissions of material facts on any foregoing documents may herein subject me to disqualification or dismissal.

Applicant's Signature: _____ Date: _____

If you are under the age of 18 years old, you must have your parents consent to be a member of the Lodi Police Department's Cadet Program and to have a background investigation conducted.

Parent's Name (Print): _____ Date: _____

Parent's Signature: _____

Lodi Police Department Cadet Program
ATTN: Sgt. Dominic Carillo
215 W. Elm Street, Lodi, CA 95240
dcarillo@lodi.gov



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AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant: _____

Address: _____ Telephone: _____

As an applicant for a position with the Lodi Police Departments Police Cadet Program, I am required to furnish information for use in determining my moral, physical and mental qualification for this position. Therefore, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization , or other from the liability or damage, which may result from furnishing the information requested. A copy of this release should be left with you for your information.

Signature of applicant: _____ Date: _____

If the applicant is under the age of 18, a parent's signature is required.

Name of parent (please print): _____

Signature of the parent: _____ Date: _____



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MEDIA RELEASE

Name of Applicant: _____

Address: _____ Telephone: _____

I hereby grant the City of Lodi and the Lodi Police Department the right to use any photographic image of me. I understand that the City of Lodi and the Lodi Police Department will utilize these images for the non-profit, governmental purpose of communicating public information regarding City and Department services, programs, and facilities. I also understand that I release any claim, right or title to said photographs and images.

Signature of applicant: _____ Date: _____

If the applicant is under the age of 18, a parent's signature is required.

Name of parent (please print): _____

Signature of the parent: _____ Date: _____



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RIDE ALONG WAIVER/RELEASE OF LIABILITY

I, the undersigned, in exchange for being permitted to accompany the members of the Lodi Police Department during the performance of their police activities in order to observe police procedures and actions of the Lodi Police Department, agree to indemnify and hold harmless the City of Lodi, its elected and appointed officials, officers and employees, against all claims, injuries or damages of whatever nature sustained to myself or my property as a result of accompanying Lodi Police officers and employees during the performance of their duties.

I represent that I am not paying the City of Lodi for permission to accompany Lodi Police officers during the performance of their duties nor am I being in any manner compensated by the City of Lodi for the privilege of accompanying the officers during the performance of their duties.

I further release and waive any and all claims and causes of action including but not limited to actions based on negligence which may arise against the City of Lodi, its elected and appointed officials, officers and employees, as a result of any injury to my person or damages to my property resulting from my accompanying Lodi Police officers and employees during the performance of their duties.

I further agree for myself, my heirs, executors, administrators and assigns to defend and indemnify the City of Lodi, and its elected and appointed officials, officers and employees, their sureties and each of them, against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the City of Lodi Police Department or while accompanying any member or members of said police department during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Executed in Lodi, California in the county of San Joaquin, on ____ day of _____, ____.

Name of Cadet (please print): _____

Signature of Cadet: _____ Date: _____

If the Cadet is under the age of 18, a parent's signature is required.

Name of parent (please print): _____

Signature of the parent: _____ Date: _____