



# Janesville Police Department Public Safety Cadet Program 5000



## APPLICATION

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Please complete this application in its entirety. Failure to complete a section of this application could lead to it being rejected. The Janesville Police Department does not discriminate against applicants.

### APPLICANT INFORMATION

**FULL NAME (first, middle, last):**

**DATE OF BIRTH:**

\_\_\_\_\_

**AGE:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_

**PHONE #:** ( \_\_\_\_\_ ) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CURRENT SCHOOL NAME:** \_\_\_\_\_ **GRADE LEVEL:** \_\_\_\_\_

\_\_\_\_\_ **GPA (4.0 scale):** \_\_\_\_\_  
If applicable

**SOCIAL MEDIA ACCOUNTS (check & include usernames below):**

Facebook  Instagram  Twitter  YouTube  Snapchat  TikTok  Other \_\_\_\_\_

\_\_\_\_\_

### LEGAL GUARDIAN INFORMATION

**FULL NAME (first, middle, last):**

**DATE OF BIRTH:**

\_\_\_\_\_

**PHONE #:** ( \_\_\_\_\_ ) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**APPLICANT BACKGROUND INFORMATION**

**HAVE YOU EVER BEEN ISSUED A CITATION OR BEEN ARRESTED FOR A CRIME?**

**YES NO**

(If yes, please list each incident. Please provide approximate dates and where the incident occurred.)

**APPLICANT EMPLOYMENT INFORMATION**

**ARE YOU CURRENTLY EMPLOYED** (If yes, describe below. If no, skip this section):

**YES NO**

**CURRENT EMPLOYER**

COMPANY NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ SUPERVIORS JOB TITLE: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_

WORK ADDRESS:

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

**PAST OR SECONDARY EMPLOYER**

COMPANY NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ SUPERVIORS JOB TITLE: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_

WORK ADDRESS:

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

**APPLICANT QUESTIONS**

**WHAT CAREER(S) DO YOU PLAN TO PURSUE IN YOUR FUTURE AND WHY?**

**WHY WOULD YOU LIKE TO BE A MEMBER OF THE CADET PROGRAM?**

**DO YOU PARTICIPATE IN EXTRACURRICULAR ACTIVITIES / SPORTS? YES NO**

(If yes, please describe and what time of the year you are involved in that activity/sport.)

**ARE YOU WILLING TO DO VOLUNTEER WORK? YES NO**

**ARE YOU CURRENTLY A MEMBER OF THE UNITED STATES MILITARY (if yes, describe): YES NO**

**HOW DID YOU LEARN ABOUT THE CADET PROGRAM?**

School Employee  School Presentation  Police Officer  Other: \_\_\_\_\_

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

By signing I certify that all the information provided in this application is true and accurate to the best of my knowledge and I understand providing false information may be cause for rejection or dismissal.