

# Columbus Police Department Cadet Application Form

**Personal Information**

Last Name	First	Middle
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Street Address		
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City	State	Zip Code
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Daytime Phone	Evening Phone	E-Mail
Date of Birth	Driver's License #	Social Security #

<p>Have you ever been charged with a crime, convicted of a crime or been a suspect in a criminal investigation? (If yes, please attach a page and explain in full) – yes – no</p> <p>Have any persons residing with you been charged with a crime, convicted of a crime or been a suspect in a criminal investigation? (If yes, please attach a page and explain in full) – yes – no</p>
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**Parent/Guardian Information**

Mother's Full Name _____	Date of Birth _____	Phone _____
Father's Full Name _____	Date of Birth _____	Phone _____
Legal Guardian _____	Date of Birth _____	Phone _____

**Skills, Special Interest, Hobbies:** (Please attach additional pages if necessary)


**Why do you want to become a Columbus Police Cadet?** (Please explain in full on an additional page. A minimum of 500 words is required).

**Return your completed application to the Columbus Police Department, 123 Washington Street, Columbus, Indiana 47201.**

**Educational Background**

High School Attending/Attended	Graduated? <input type="checkbox"/> yes <input type="checkbox"/> no
Current Grade Point Average	
College	Credits Earned or Degree
Other/Vocational	Degree/Certificates

**Personal References**

Name	Phone	Address
Name	Phone	Address
Name	Phone	Address

**Employment History**

Employer	Phone	Address
Supervisor	Position	Beginning Date

**Previous Employment**

Employer	Phone	Address
Supervisor	Phone	Beginning/end date

Employer	Phone	Address
Supervisor	Phone	Beginning/end date

**Volunteer History**

Employer	Phone	Address
Supervisor	Duties	Beginning Date

Employer	Phone	Address
Supervisor	Duties	Beginning Date

**Authorization 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 appointment.*

*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 Columbus. I release and hold harmless the City of Columbus, 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 Columbus Police Department. I realize it is possible that situations may arise which might result in exposure to danger, physical harm, injury or death and I am willing to accept these risks.*

*At all times I agree to obey all orders, instructions and commands of the officers and employees of the Columbus Police Department. I further agree to keep confidential anything of a confidential nature that I may hear or observe. I authorize the Columbus Police Department to conduct a complete background investigation on my suitability as a volunteer and understand that any information of a criminal or adverse nature may disqualify me. I further understand that my volunteer status may be terminated at any time.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Parental/Guardian Endorsement** (Required for applicants under 18 years of age):

I have read and understand the authorization waiver and agree to it's provisions as they apply to my child\_\_\_\_\_. I also agree to assume full responsibility for my child as it pertains to the provisions set forth.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name