

ALTON POLICE DEPARTMENT

Cadet Program Application

1700 East Broadway; Alton, Illinois 62002



Full Name: _____
(Last) (First) (Middle) (Maiden)

Permanent Address: _____
Street City, State Zip

Current Address: _____
(if different from above) Street City, State Zip

Primary Phone: _____ Alternate Phone: _____

Driver's License #: _____ E-Mail Address: _____

Date of Birth: _____ Social Security #: _____ Sex: _____ Race: _____

Are You a US Citizen? _____ If No, Please List Citizenship: _____

List Any Languages (Other than English) In Which You Are Fluent: _____

List Any Computer Proficiencies: _____

High School Attended: _____ Graduation: _____

College or University: _____

Declared Major(s) and Minor(s)/Area(s) of Study: _____

Faculty Contact Person: _____ Phone: _____

Employment History (List Employment History Beginning With Current Employer)

Company Name: _____ Phone: _____

Company Address: _____
Street City, State Zip

Position(s) Held: _____

Contact Person: _____ From: _____ to _____

Alton Police Department Cadet Program Application, Continued

Company Name: _____ **Phone:** _____

Company Address: _____
Street City, State Zip

Position(s) Held: _____

Contact Person: _____ From: _____ to _____

Company Name: _____ **Phone:** _____

Company Address: _____
Street City, State Zip

Position(s) Held: _____

Contact Person: _____ From: _____ to _____

List All Extracurricular Activities, Hobbies and/or Organizational Affiliations:

List All Awards, Honors or Certifications Received:

List at Least Three References (other than immediate family members or employees):

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I acknowledge that the information provided in this application is true and correct and I understand that all information provided is subject to verification.

Signature of Applicant

Date

Alton Police Department Cadet Program Application, Continued

Authority for Release of Information

This release, when presented by a duly authorized representative of the Alton Police Department, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

I authorize the release of information to the Alton Police Department relating to Employment, Educational, Birth Record/Citizenship, Military, Selective Service and Police (Driving and Criminal) Data or Records.

This authorization is given in connection with a full background investigation being conducted relative to my application for the Alton Police Department Cadet Program.

Signature of Applicant

Date

For Alton Police Use Only:

Application Received By

Date Received

Background Check Completed

Date Completed

Interview Completed

Date Completed

Circle one of the following:

Approved

Denied

Chief of Police's Signature

Date

Cadet Program Coordinator Shall Complete The Following Upon Approval of Chief of Police:

_____ Cadet Regulations _____ Hold Harmless Agreement _____ Cadet ID Badge _____ PD Notification