



TRUMBULL POLICE DEPARTMENT

POLICE CADET POST # 659

158 EDISON ROAD, TRUMBULL, CT 06611

(203) 452-3849 FAX (203) 452-3857



Application for Acceptance

NAME:

FIRST	MIDDLE	LAST

ADDRESS:

STREET	CITY	STATE	ZIP

TELEPHONE NUMBERS:**EMAIL ADDRESS:**

Home		
Cellular		
Parent/Guardian Email		

BIRTHDATE:**AGE:**

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SOCIAL SECURITY NUMBER:

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Are you a Citizen of the United States of America?

YES / NO

Are you a Resident of Trumbull, Connecticut?

YES / NO



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PREVIOUS ADDRESSES:

List any / all previous addresses.

STREET	CITY	STATE	ZIP

EDUCATION:

Name and Address of Schools Attended	DATES ATTENDED To and From	DID YOU GRADUATE?	Degree / Diploma
Middle School:			
High School:			
College:			
Other:			

ARREST RECORD:

Have you ever been Arrested?		YES / NO	If YES Please Provide the Following:		
DATE OF ARREST	LOCATION	CHARGES	DISPOSITION	DATE OF DISPOSITION	

Have you ever been in negative contact with the Police?	YES / NO	If YES
Please Explain:		



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EMPLOYMENT HISTORY:

In the space provided below, please list your employment history, beginning with your **most recent** employer. List ALL positions held. Include any applicable voluntary positions. Attach additional sheets if needed.

NAME OF EMPLOYER	ADDRESS	PHONE NUMBER
YOUR JOB TITLE:	NAME & TITLE OF SUPERVISOR:	
YOUR DUTIES:	REASON FOR LEAVING:	
DATE OF HIRE:	DATE OF RESIGNATION / TERMINATION:	

NAME OF EMPLOYER	ADDRESS	PHONE NUMBER
YOUR JOB TITLE:	NAME & TITLE OF SUPERVISOR:	
YOUR DUTIES:	REASON FOR LEAVING:	
DATE OF HIRE:	DATE OF RESIGNATION / TERMINATION:	



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FAMILY INFORMATION:

	NAME	ADDRESS	Age
MOTHER / GUARDIAN			
FATHER / GUARDIAN			
SISTERS			
BROTHERS			

REFERENCES:

List three (3) individuals (not relatives) who know your character, ability, and experience.

NAME	ADDRESS	PHONE NUMBER	Relation/Occupation

PERSONAL INFORMATION:

Please list any Awards, Recognitions, Certifications, or any information about yourself in the space below. It can include any goals, hobbies, or organizations that you are a part of.



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Please read and acknowledge the following: I certify that all the information this application provides is correct and truthful. I also realize that falsifying any information on this application may be grounds for termination from the post. Due to false information, one can be released from the program after acceptance. I also consent to the Trumbull Police Cadet Post Advisors to check personal references, current and previous employers, and any attended educational institutions. I also consent to checking my criminal, juvenile, and driving records. I release the Town of Trumbull, The Trumbull Police Department, the Trumbull Police Cadet Post, current and previous employers, and educational institutions from any liability arising from disclosing information concerning my employment and personal history. I understand that completing this application does not constitute acceptance into the Trumbull Police Cadet Post but is part of the selection process. The Trumbull Police Department and the Trumbull Police Cadet Post cannot assume responsibility for the confidentiality of the information provided in this application.

Drugs and Alcohol: Trumbull Police Cadets are expected to refrain from using tobacco products, illegal drugs, and / or alcohol. I hereby certify that I do not use tobacco products, illicit drugs, or alcohol, and I further understand that if I do use any of these substances, I will be terminated from the Trumbull Police Cadet Post.

Applicant Signature:	Parent/Guardian Signature if the applicant is under 18 years of age:
Applicant Printed Name:	Parent/Guardian Printed Name:
Date:	Date:

The Trumbull Police Cadet Post has approved bi-laws, policies, and procedures. Trumbull Police Department requires that all cadets be at least thirteen (13) years old. The Trumbull Police Cadet Post does not consider applications for individuals older than twenty (20) years of age. Cadets must resign from the post on or before their twenty-first (21) birthday. Cadets can become an advisor on their twenty-first (21) birthday.



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Hold Harmless Agreement and Disclosure

I have read, understood, and agree to the rules, regulations, requirements, and restrictions outlined in the Trumbull Police Cadet handbook. I understand that I am expected to conduct myself according to the handbook and that if I violate any of the rules, regulations, requirements, and/or restrictions set forth in the handbook, I am subject to the consequences set forth herein.

I permit the Trumbull Police Department to obtain my school records and agree to furnish all subsequent report cards to the head advisor as required in the handbook. I understand that the Trumbull Police Department may contact my family, friends, neighbors, teachers, school administrators, and employers as part of a background check and to obtain future progress reports.

I understand that the Trumbull Police Department may complete a criminal history check as part of a background check anytime while acting in the official capacity as a Trumbull Police Cadet. I understand that lying or making false statements will not be tolerated and will result in exclusion or immediate dismissal from the Trumbull Police Cadet Post.

As a Trumbull Police Cadet, you are expected to show good moral conduct and character in both your role as a cadet in uniform and as a citizen when out of uniform. To better ensure the integrity of this program, a criminal history check will be conducted annually. This criminal history check will be done via an inquiry with the National Criminal Information Center (NCIC), including a Connecticut Department of Motor Vehicles check on licensed cadets.

I understand that for recruitment, advertisement, and public relations, the Trumbull Police Cadet Post will host a website/end-of-the-year pictorial & video slideshow in which photographs/videos of select cadets will be taken during events/activities. By signing this agreement, you indicate that you consent to photographs and videos being taken and used for the above-stated reasons.

Printed Cadet Name:	Cadet Signature:	Date:
Printed Parent/Guardian Name:	Parent/Guardian Signature:	Date:

Received: _____ Date: _____ Advisor: _____



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**Waiver of Liability, General Release and Covenant Not to Sue
Police Cadet Ride Along Program**

FOR AND IN consideration of _____ being given the opportunity of observing police operations and functions of the Trumbull Police Department and by and all other means of observation whatsoever, the undersigned, to avail themselves of said opportunity, recognizes and assumes all risks about it, and hereby releases waives, discharges, and covenant not to sue the Town of Trumbull, its officials, officers and all other personnel of the Town of Trumbull from all liabilities whatsoever for any injuries, damages, and claims the undersigned their heirs, dependents and assigns may sustain in and about any patrol vehicle or in any other activity during the observation and studies by the undersigned of operations and functions of Trumbull Police Department.

The undersigned assumes the full responsibility for and risk of bodily injury, death, or property damage due to the negligence of releases or otherwise, whether any such claim may be based upon alleged active or passive negligence caused by the releases or otherwise when participating in the citizen ride-a-long program.

By voluntarily affixing my signature below, I warrant that I have read and understood all of the above. I further understand that I have given up substantial rights by signing below, and I have signed it freely and voluntarily. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I HAVE READ THIS RELEASE

Date

Citizen Rider – Signature

I HAVE READ THIS RELEASE

Date

Parent/Guardian – Signature

IN WITNESS WHEREOF, the undersigned has affixed his/her hand and seal at

_____ this _____ day of _____, 20 _____,

(seal)
Notary Public