



## WATSONVILLE POLICE CADETS EXPLORER POST 501

**The mission of the Watsonville Police Cadet Organization is to promote the community's youth through education, fieldwork training and mentorship in the field of law enforcement, as well as, the opportunity to participate in and learn the needs of our community as it relates to law enforcement.**

**INSTRUCTIONS:** *This record will be strictly confidential and exclusive property of the Watsonville Police Department. All information will be used as a basis for a detailed investigation of your background and must be accurately and completely recorded. There must be NO blanks! If the question does not apply to you, write in "DNA". If additional space is needed, attach additional sheets, prefacing the information with the section and number of the question to which it pertains.*

Keep in mind that:

1. The completion of this form is mandatory in accordance with Section 1002(a)(3) of the Regulations of Sections S-102(a)(3) of the Specialized Regulations of the Commissions on Peace Officer Standards and Training.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete stats may bar or remove you from the program.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job of POLICE CADET. For example; being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

**THIS QUESTIONNAIRE MUST BE LEGIBLY, PRINTED IN YOUR OWN  
HANDWRITING USING BLACK INK.**

**PERSONAL INFORMATION:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Nick Name/Aliases \_\_\_\_\_ If change was made by court order, attach a copy.  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Citizenship \_\_\_\_\_ Ethnicity (Race) \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Grade Point Average \_\_\_\_\_  
Can you Swim \_\_\_\_\_

**CURRENT ADDRESS:**

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**ADDRESS (if current address is less than 3 years):**

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Medications \_\_\_\_\_ Disabilities \_\_\_\_\_  
Medical Problems/Allergies \_\_\_\_\_  
Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

The undersigned, does hereby grant permission for Watsonville Police Department staff to obtain emergency medical treatment, if warranted, including calling for an ambulance, any physician or paramedic deemed necessary. Any expense incurred as described above or deemed necessary will be borne by the cadet's family. I, the undersigned, Parent/Guardian of \_\_\_\_\_, do hereby agree to indemnify and hold harmless, the City of Watsonville, Watsonville PAL, Watsonville Police Department, the co-sponsors and their officers or employees from and against any and all loss, liability or damage arising or in connection with participation of my/our child in said activities of the Watsonville Police Cadet Program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCES:**

Watsonville Police Activities League ☐ 130 Rodriguez Street ☐ Watsonville ☐ CA ☐ 95077 ☐  
Telephone (831) 763-4146 ☐ Fax (831) 763-4149 ☐ E-Mail watsonvillepal@calpal.org

Please list 3 friends/relatives who may have knowledge of your abilities and/or experience that applies to this type of work.

- 1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
  
- 2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
  
- 3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYMENT AND EXPERIENCE:**

Beginning with your most current employment, list all jobs including part-time, temporary and voluntary positions you have held in the past five years.

Month/Yr. \_\_\_\_\_ To: Month/Yr. \_\_\_\_\_ Full Time \_\_\_\_ Part-time \_\_\_\_ Volunteer \_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ hr/mo  
Duties/Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Month/Yr. \_\_\_\_\_ To: Month/Yr. \_\_\_\_\_ Full Time \_\_\_\_ Part-time \_\_\_\_ Volunteer \_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ hr/mo  
Duties/Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Month/Yr. \_\_\_\_\_ To: Month/Yr. \_\_\_\_\_ Full Time \_\_\_\_ Part-time \_\_\_\_ Volunteer \_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ hr/mo  
Duties/Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Month/Yr. \_\_\_\_\_ To: Month/Yr. \_\_\_\_\_ Full Time \_\_\_\_ Part-time \_\_\_\_ Volunteer \_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_ hr/mo  
Duties/Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_