

PORTLAND POLICE BUREAU  
Law Enforcement Cadet Application



Date \_\_\_\_\_



**PRECINCT REQUESTED**

- East Precinct** 737 SE 106<sup>th</sup> Ave, Portland, OR 97216
- North Precinct** 449 NE Emerson St, Portland, OR 97211 (503) 823-5723
- Central Precinct** 1111 SW 2<sup>nd</sup> Ave, Portland, OR 97204

LIST REASONS FOR PRECINCT CHOICE

**INSTRUCTIONS: READ CAREFULLY BEFORE PROCEEDING**

This document must be **typed** or printed legibly in **BLACK** ink. All fields must be completed.

1. Answer to the best of your ability. If you do not know the information requested and cannot obtain it after making a reasonable effort, enter "UNK" (unknown).
2. If information does not exist then enter "N/A" (not applicable).
3. You are responsible for obtaining **ALL** information.
4. You increase your chances of becoming a Portland Police Cadet by answering all questions completely and accurately.
5. If you have been fired from a job, have a criminal record, or any other negative aspects of your life, these alone may not keep you from being accepted into the PPB Cadet Program. However, the intentional omission, misrepresentation, or falsification of any item will cause your application to be rejected. Truthfulness, honesty, and accountability are paramount to becoming a PPB Cadet.
6. You will **not** be provided a copy of this document once you submit it. It is recommended that you keep copies for yourself of all documents you furnish to the Portland Police Bureau.
7. All statements in your application are subject to verification. Incorrect statements may bar or remove you from consideration for the cadet program.
8. If the space provided is inadequate, use the supplemental page at the end of the form by identifying the section and entering additional information.

Cadet v4

**Please include the following documents with your application (as applicable)**

- \_\_\_\_\_ High School Transcripts (listing most recent grades)
- \_\_\_\_\_ Copy of Graduation Certification or G.E.D
- \_\_\_\_\_ Copy of Driver's License or Photo Identification Card

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**APPLICANT DECLARATION OF ELIGIBILITY**

*(Initial each of the following statements indicating you have read and understand each)*

- I have reviewed the MINIMUM REQUIREMENTS for the Portland Police Bureau Cadet Program and I meet or exceed all listed items.
- I understand that falsifying any information in this document may cause my application to be removed from consideration.

**SECTION A**

*(Initial each of the following requirements if you meet them)*

By submitting my Cadet Application to the Portland Police Bureau, I certify the following:

- I am between the ages of 16 and 20 years old. Applications will be accepted for anyone who will be 16 years old by the beginning of the January Cadet Academy. You must have parental approval if you are under the age of 18 years.
- I am currently enrolled in high school or possess a high school diploma, a G.E.D or equivalent.
- I have a grade-point average of 2.0 or above.

**SECTION B**

**Please initial indicating you understand the following information;**

- I must maintain at least a 2.0 GPA to remain in the cadet program.
- If selected, I must graduate the Cadet Academy and complete probation prior to being allowed to ride on patrol with a regular officer.
- I understand I am expected to attend cadet meetings every Sunday with exception of pre-authorized excuse or emergency situations.
- I understand I must be willing to work continually to improve the Cadet Program.
- I understand and am willing to obey all program rules and regulations, including the Cadet SOP Manual and the Portland Police Bureau's Policy and Procedure Manual.
- I understand I must demonstrate a professional demeanor and remain in good standing at all times.

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**NOTICE TO PORTLAND POLICE BUREAU  
CADET PROGRAM APPLICANTS**

The Portland Police Bureau's Cadet Program accepts applications between September 1<sup>st</sup> and December 1<sup>st</sup> of each year. Applications can be obtained from the Cadet Coordinator, Cadet Advisors at precincts, or downloaded from the Cadet website located at [www.joinportlandpolice.com](http://www.joinportlandpolice.com).

**APPLICATION PROCESS:** Applications will begin to be reviewed in September for acceptance into the annual Cadet Academy that will start the following January.

**BACKGROUND INVESTIGATION:** The Portland Police Bureau will conduct a complete criminal and driving record investigation on each applicant. Applicants, with any criminal convictions, whether arrest or citation, or a poor driving record, may be disqualified.

**SOCIAL MEDIA REVIEW:** As part of the background investigation, each applicant's social media will be reviewed extensively to include deleted posts, pictures, and/or "likes".

Once an applicant passes the background investigation, an interview will be scheduled.

**ORAL INTERVIEW:** Applicants will be required to pass an oral interview given by a cadet advisor and staff members. Upon acceptance to the program, applicants will begin attending meeting and the Cadet Academy.

All Recruit Cadets are required to successfully complete the Cadet Academy to become Cadets.

Thank you for your interest in the Portland Police Cadet Program. We look forward to working with you during the application process. If you have any questions, please do not hesitate to call us at (503) 823-5723 or communicate via email at [ppbcadets@portlandoregon.gov](mailto:ppbcadets@portlandoregon.gov).

Please hand-deliver or mail applications to

Portland Police Bureau – North Precinct  
Cadet Coordinator  
449 NE Emerson St  
Portland, OR 97211

**PORTLAND POLICE BUREAU**  
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<b>APPLICANT INFORMATION</b>						
NAME	LAST	FIRST	MIDDLE	RACE	SEX	DATE OF BIRTH
STREET ADDRESS				AGE:		
CITY				STATE		
ZIP CODE				CELL PHONE NUMBER:		
Primary Email Address: _____ OTHER EMAIL ADDRESSES OR CONTACT PHONE NUMBERS(HOME OR WORK)						
HEIGHT	WEIGHT	EYES	HAIR	DO YOU HAVE PHOTO IDENTIFICATION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
SOCIAL SECURITY NUMBER			CURRENT DRIVER'S LICENSE or ID NUMBER		STATE OF ISSUE	
PLACE OF BIRTH (CITY, COUNTY, STATE, COUNTRY)						
IF APPLICABLE, WHEN AND WHERE DID YOU TAKE DRIVER'S EDUCATION						
LIST ALL SOCIAL MEDIA SITES (Twitter, Facebook, Instagram, etc.) ON WHICH YOU MAINTAIN AN ACCOUNT. LIST USER NAMES FOR EACH WEBSITE.						
<b>Site</b>		<b>Username</b>		<b>Site</b>		<b>Username</b>
FACEBOOK		_____		SNAPCHAT		_____
TWITTER		_____		_____		_____
INSTAGRAM		_____		_____		_____

<p>Are you now, or have you ever been, associated with any organization, movement, group, or combination of persons which promote a subversive ideology or advocate for the use of force, violence, or extreme prejudice? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p> <p>LIST EACH SUCH ORGANIZATION / GROUP, INCLUDING DATES OF ASSOCIATION, NAME OF GROUP, AND PURPOSE</p>  
<p>Were you referred to this job by a member of the Portland Police Bureau? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span></p> <p>IF YES, PLEASE LIST WHO REFERRED YOU AND BRIEFLY DESCRIBE HOW THEY HAVE ASSISTED YOU</p>  

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**RESIDENCES**

List below all residences where you have lived for the PAST 5 YEARS. List present residence first and work backward.

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DO YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					

FROM MO/YR	TO MO/YR	ADDRESS	CITY	STATE	ZIP
WITH WHOM DID YOU LIVE? (NAME, DATE OF BIRTH OR AGE, RELATIONSHIP TO YOU)					

**(USE SUPPLEMENTAL SHEET TO ADD MORE RESIDENCES IF NEEDED)**

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**EMPLOYMENT**

List below all past and current employment. Begin with present employment and work backward.

FROM DATE	TO DATE	NAME OF EMPLOYER	<input type="checkbox"/> FULL TIME
			<input type="checkbox"/> PART TIME
ADDRESS		CITY	STATE
ZIP			
SALARY/HOURLY WAGE		WEBSITE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES			
COMPLETE NAME OF SUPERVISOR		EMAIL	PHONE
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO			
EXPLAIN REASON FOR LEAVING			
LIST ANY DISCIPLINARY ACTIONS AGAINST YOU: <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE (EXPLAIN IN SPACE BELOW)			

FROM DATE	TO DATE	NAME OF EMPLOYER	<input type="checkbox"/> FULL TIME
			<input type="checkbox"/> PART TIME
ADDRESS		CITY	STATE
ZIP			
SALARY/HOURLY WAGE		WEBSITE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES			
COMPLETE NAME OF SUPERVISOR		EMAIL	PHONE
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO			
EXPLAIN REASON FOR LEAVING			
LIST ANY DISCIPLINARY ACTIONS AGAINST YOU: <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE (EXPLAIN IN SPACE BELOW)			

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**EMPLOYMENT (CONTINUED)**

FROM DATE	TO DATE	NAME OF EMPLOYER	<input type="checkbox"/> FULL TIME
			<input type="checkbox"/> PART TIME
ADDRESS		CITY	STATE
ZIP			
SALARY/HOURLY WAGE	WEBSITE	PHONE	
JOB TITLE, DESCRIPTION AND DUTIES			
COMPLETE NAME OF SUPERVISOR		EMAIL	PHONE
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO			
EXPLAIN REASON FOR LEAVING			
LIST ANY DISCIPLINARY ACTIONS AGAINST YOU: <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE (EXPLAIN IN SPACE BELOW)			

FROM DATE	TO DATE	NAME OF EMPLOYER	<input type="checkbox"/> FULL TIME
			<input type="checkbox"/> PART TIME
ADDRESS		CITY	STATE
ZIP			
SALARY/HOURLY WAGE	WEBSITE	PHONE	
JOB TITLE, DESCRIPTION AND DUTIES			
COMPLETE NAME OF SUPERVISOR		EMAIL	PHONE
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO			
EXPLAIN REASON FOR LEAVING			
LIST ANY DISCIPLINARY ACTIONS AGAINST YOU: <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE (EXPLAIN IN SPACE BELOW)			

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<b>EMPLOYMENT (CONTINUED)</b>				
FROM DATE	TO DATE	NAME OF EMPLOYER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
ADDRESS		CITY	STATE	ZIP
SALARY/HOURLY WAGE	WEBSITE	PHONE		
JOB TITLE, DESCRIPTION AND DUTIES				
COMPLETE NAME OF SUPERVISOR		EMAIL	PHONE	
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO				
EXPLAIN REASON FOR LEAVING				
LIST ANY DISCIPLINARY ACTIONS AGAINST YOU: <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE (EXPLAIN IN SPACE BELOW)				

**(USE SUPPLEMENTAL SHEET TO ADD MORE EMPLOYMENT IF NEEDED)**

Have you ever been discharged/fired (not laid off) from any position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever resigned to avoid discharge/being fired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever resigned while under suspension or while dismissal proceedings were pending?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had an employer extend your probationary period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
USE THIS SPACE TO EXPLAIN ANY 'YES' ANSWERS		

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**VOLUNTEER EXPERIENCE/ INTERNSHIPS**

List all volunteer positions, internships, and/or any type of unpaid work that you have performed.

DATE FROM	DATE TO	ORGANIZATION NAME			
ADDRESS		CITY	STATE	ZIP	CONTACT PHONE
SUPERVISOR NAME		EMAIL			PHONE
JOB TITLE		DUTIES AND RESPONSIBILITIES			

DATE FROM	DATE TO	ORGANIZATION NAME			
ADDRESS		CITY	STATE	ZIP	CONTACT PHONE
SUPERVISOR NAME		EMAIL			PHONE
JOB TITLE		DUTIES AND RESPONSIBILITIES			

DATE FROM	DATE TO	ORGANIZATION NAME			
ADDRESS		CITY	STATE	ZIP	CONTACT PHONE
SUPERVISOR NAME		EMAIL			PHONE
JOB TITLE		DUTIES AND RESPONSIBILITIES			

DATE FROM	DATE TO	ORGANIZATION NAME			
ADDRESS		CITY	STATE	ZIP	CONTACT PHONE
SUPERVISOR NAME		EMAIL			PHONE
JOB TITLE		DUTIES AND RESPONSIBILITIES			

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**EDUCATION**

List all high schools, programs and colleges you have attended starting with the most recent.

FROM DATE	TO DATE	NAME AND LOCATION OF INSTITUTION		
GRADUATED <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	MAJOR	DEGREE / CERTIFICATE	CREDIT HOURS EARNED	_____
			CURRENTLY ATTENDING (Y/N)	_____

FROM DATE	TO DATE	NAME AND LOCATION OF INSTITUTION		
GRADUATED <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	MAJOR	DEGREE / CERTIFICATE	CREDIT HOURS EARNED	_____
			CURRENTLY ATTENDING (Y/N)	_____

FROM DATE	TO DATE	NAME AND LOCATION OF INSTITUTION		
GRADUATED <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	MAJOR	DEGREE / CERTIFICATE	CREDIT HOURS EARNED	_____
			CURRENTLY ATTENDING (Y/N)	_____

FROM DATE	TO DATE	NAME AND LOCATION OF INSTITUTION		
GRADUATED <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	MAJOR	DEGREE / CERTIFICATE	CREDIT HOURS EARNED	_____
			CURRENTLY ATTENDING (Y/N)	_____

**(USE SUPPLEMENTAL SHEET TO ADD MORE EDUCATION IF NEEDED)**

Have you ever been expelled from any school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been suspended from any school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever "flunked out" of any school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been placed on academic probation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been the subject of any other type of discipline from any school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
USE THIS SPACE TO EXPLAIN ANY "YES" ANSWERS		

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**REFERENCES**

List four (4) references over 21 years of age. References CANNOT BE RELATED TO YOU BY BLOOD OR MARRIAGE and NOT CURRENT OR FORMER EMPLOYERS OR SUPERVISORS.

LAST NAME	FIRST	MIDDLE	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX (CITY, STATE, ZIP)					
HOW DO YOU KNOW THIS PERSON?					
EMAIL			HOME PHONE		WORK PHONE

LAST NAME	FIRST	MIDDLE	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX (CITY, STATE, ZIP)					
HOW DO YOU KNOW THIS PERSON?					
EMAIL			HOME PHONE		WORK PHONE

LAST NAME	FIRST	MIDDLE	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX (CITY, STATE, ZIP)					
HOW DO YOU KNOW THIS PERSON?					
EMAIL			HOME PHONE		WORK PHONE

LAST NAME	FIRST	MIDDLE	DOB	PLACE OF EMPLOYMENT	YRS KNOWN
STREET ADDRESS OR PO BOX (CITY, STATE, ZIP)					
HOW DO YOU KNOW THIS PERSON?					
EMAIL			HOME PHONE		WORK PHONE

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**RELATIVES**

List information for all PARENTS/GUARDIANS and SIBLINGS. Use the following codes for the entries:  
**A-Parents/Guardians, B-Step-Parents, E-Brothers, F-Sisters, G-Step-Brothers, and H-Step-Sisters**

CODE <b>A</b>	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU?	DOB
ADDRESS                      CITY                      STATE                      ZIP					
PHONE		EMAIL		OCCUPATION	
CODE <b>A</b>	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU:	DOB
ADDRESS      CITY      STATE      ZIP					
PHONE		EMAIL		OCCUPATION	

CODE	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU?	DOB
ADDRESS                      CITY                      STATE                      ZIP					
PHONE		EMAIL		OCCUPATION	

CODE	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU?	DOB
ADDRESS                      CITY                      STATE                      ZIP					
PHONE		EMAIL		OCCUPATION	

CODE	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU?	DOB
ADDRESS                      CITY                      STATE                      ZIP					
PHONE		EMAIL		OCCUPATION	

CODE	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU?	DOB
ADDRESS                      CITY                      STATE                      ZIP					
PHONE		EMAIL		OCCUPATION	

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<b>RELATIVES (CONTINUED)</b>				
CODE	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU?
DOB				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		OCCUPATION

CODE	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU?
DOB				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		OCCUPATION

CODE	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU?
DOB				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		OCCUPATION

CODE	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU?
DOB				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		OCCUPATION

CODE	LAST NAME	FIRST	MIDDLE	RESIDES WITH YOU?
DOB				
ADDRESS				
CITY		STATE		ZIP
PHONE		EMAIL		OCCUPATION

CODE	LAST NAME FIRST MIDDLE	RESIDES WITH YOU?	DOB
ADDRESS			
CITY		STATE	
ZIP		OCCUPATION	
PHONE		EMAIL	

**(USE SUPPLEMENTAL SHEET TO ADD MORE RELATIVES IF NEEDED)**

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**ASSOCIATE ARREST HISTORY**

Has any member of your family, close relatives, in-laws, or anyone else you are closely associated with ever been arrested for anything other than traffic violations?

YES  NO  (Provide details below.)

DATE OF CONTACT	NAME AND RELATIONSHIP	DATE OF BIRTH
PLACE OF CONTACT	CHARGE	FINAL DISPOSITION
EXPLAIN		

DATE OF CONTACT	NAME AND RELATIONSHIP	DATE OF BIRTH
PLACE OF CONTACT	CHARGE	FINAL DISPOSITION
EXPLAIN		

DATE OF CONTACT	NAME AND RELATIONSHIP	DATE OF BIRTH
PLACE OF CONTACT	CHARGE	FINAL DISPOSITION
EXPLAIN		

DATE OF CONTACT	NAME AND RELATIONSHIP	DATE OF BIRTH
PLACE OF CONTACT	CHARGE	FINAL DISPOSITION
EXPLAIN		

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**POLICE CONTACT HISTORY**

HAVE YOU EVER BEEN STOPPED, DETAINED, QUESTIONED, HELD ON SUSPICION, ARRESTED OR FINGERPRINTED BY ANY POLICE, SECURITY, OR JUVENILE AUTHORITY. IF YES, PROVIDE THE INFORMATION BELOW

YES  NO  (Provide details below.)

DATE OF CONTACT	DETAINING OR ARRESTING AGENCY	CITY OF OCCURRENCE
STATE	CHARGE	FINAL DISPOSITION
EXPLAIN		

DATE OF CONTACT	DETAINING OR ARRESTING AGENCY	CITY OF OCCURRENCE
STATE	CHARGE	FINAL DISPOSITION
EXPLAIN		

DATE OF CONTACT	DETAINING OR ARRESTING AGENCY	CITY OF OCCURRENCE
STATE	CHARGE	FINAL DISPOSITION
EXPLAIN		

DATE OF CONTACT	DETAINING OR ARRESTING AGENCY	CITY OF OCCURRENCE
STATE	CHARGE	FINAL DISPOSITION
EXPLAIN		

**(USE SUPPLEMENTAL SHEET TO ADD MORE ARREST RECORDS IF NEEDED)**

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**POLICE CONTACT HISTORY (CONTINUED)**

Use the space below to provide a detailed explanation of each incident listed.

**Your application will be rejected if you fail to do so.**

**(USE SUPPLEMENTAL SHEET TO ADD MORE ARREST/REPORT RECORDS IF NEEDED)**

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**DRIVING RECORD**

List below all incidents in which you were stopped by a law enforcement officer/campus security officer while operating a motor vehicle. This includes photo radar and red light cameras. Include traffic citations and warnings, but not parking tickets. For speeding, list alleged speed and posted speed limit (i.e. speeding 45 in a 25). Please explain each instance in the space provided.

DATE	LOCATION	AGENCY	VIOLATION	DISPOSITION
				<input type="checkbox"/> WARNING <input type="checkbox"/> FOUND NOT GUILTY / DISMISSED <input type="checkbox"/> GUILTY – FINE ASSESSED <input type="checkbox"/> GUILTY – DEFERRED / CLASS
DESCRIBE EVENT				

DATE	LOCATION	AGENCY	VIOLATION	DISPOSITION
				<input type="checkbox"/> WARNING <input type="checkbox"/> FOUND NOT GUILTY / DISMISSED <input type="checkbox"/> GUILTY – FINE ASSESSED <input type="checkbox"/> GUILTY – DEFERRED / CLASS
DESCRIBE EVENT				

DATE	LOCATION	AGENCY	VIOLATION	DISPOSITION
				<input type="checkbox"/> WARNING <input type="checkbox"/> FOUND NOT GUILTY / DISMISSED <input type="checkbox"/> GUILTY – FINE ASSESSED <input type="checkbox"/> GUILTY – DEFERRED / CLASS
DESCRIBE EVENT				

DATE	LOCATION	AGENCY	VIOLATION	DISPOSITION
				<input type="checkbox"/> WARNING <input type="checkbox"/> FOUND NOT GUILTY / DISMISSED <input type="checkbox"/> GUILTY – FINE ASSESSED <input type="checkbox"/> GUILTY – DEFERRED / CLASS
DESCRIBE EVENT				

DATE	LOCATION	AGENCY	VIOLATION	DISPOSITION
				<input type="checkbox"/> WARNING <input type="checkbox"/> FOUND NOT GUILTY / DISMISSED <input type="checkbox"/> GUILTY – FINE ASSESSED <input type="checkbox"/> GUILTY – DEFERRED / CLASS
DESCRIBE EVENT				

List below all motor vehicle accidents in which you were a driver of one of the vehicles. If police did not respond, list "N/A" for Agency. Include approximate total dollar amount of damages and whether or not you reported the accident to DMV.

DATE	LOCATION	AGENCY	INJURY	DAMAGE AMOUNT (\$)
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE TRAFFIC CRASH				

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**DRIVING RECORD (CONTINUED)**

DATE	LOCATION	AGENCY	INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	DAMAGE AMOUNT (\$)
DESCRIBE TRAFFIC CRASH				

**(USE SUPPLEMENTAL SHEET TO ADD MORE VEHICLE ACCIDENTS IF NEEDED)**

Oregon State Law requires operators of motor vehicles to be covered by automobile liability insurance.  
List below liability insurance you have had for the past two years.

DATE FROM	DATE TO	COMPANY	POLICY NUMBER
AGENT NAME	ADDRESS	PHONE NUMBER	

List below all vehicles registered to you or your spouse, and any vehicle registered to any other occupants of your residence. Also list any vehicle that you regularly use that is not registered to you.

YEAR	MAKE	MODEL	STATE/LICENSE NUMBER	REGISTERED OWNER

Has your license ever been suspended or revoked IN ANY STATE? If so, which state(s)?  Please explain when and why your license was suspended or revoked	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been placed in a "high risk" insurance category (e.g. SR-22)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently have any restrictions on you driver's license? If so, what restrictions?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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**SPECIAL QUALIFICATIONS / SKILLS**

List all organizations, clubs and associations you are a member or have been a member of

Title	Organization	Start Date	End Date

Summarize any training, experience, or special qualifications that will help you as a Cadet

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**PERSONAL PROFILE QUESTIONS**

Use provided space to explain all 'YES' answers

Have you ever been refused a driver's license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had automobile insurance cancelled or denied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been publicly intoxicated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever driven while under the influence of intoxicants?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever applied for any position with the Portland Police Bureau prior to this process?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever applied for employment with any other criminal justice agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had any criminal justice agency begin or complete a background investigation on you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been denied employment (paid or volunteer) by another criminal justice agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been the subject of a job-related investigation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been the subject of a sexual or racial harassment complaint?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been demoted in a job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever left/quit a job without giving required notice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been disciplined by an employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will any of your past or present employers give you an unfavorable recommendation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been informed by a previous employer that you were ineligible for rehire?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever sued anyone or been sued by anyone?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had a judgment rendered against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you filed for bankruptcy or been declared bankrupt?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had any of your property repossessed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had a debt turned over to a collection agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had your wages garnished?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been delinquent in paying any of your taxes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever failed to file a federal income tax return as required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever failed to support any child of yours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever failed to fully repay a student loan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any pending civil actions against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PORTLAND POLICE BUREAU**  
Law Enforcement Cadet Application

<b>PERSONAL PROFILE QUESTIONS (CONTINUED)</b>		
Have you ever filed a false insurance claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever settled any civil suit out of court in which you, your insurance company, or anyone else was required to make a cash payment to a third party?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been given an eviction notice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been asked to take a polygraph examination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you filed a false police report?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been in the presence of anyone using illegal drugs in the last five years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a current user of illegal drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever used an illegal drug (to include marijuana)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever knowingly allowed anyone to possess or use illegal drugs in your home or vehicle within the last five years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever unlawfully (due to your age) possessed or consumed alcoholic beverages or tobacco?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever, since you reached 18 years of age, struck or injured a person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever disciplined a child in a manner that caused bruises or injury?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been the petitioner or the respondent of a civil restraining order or stalking order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever furnished illegal drugs to anyone?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been the suspect in any police investigation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had a warrant issued for your arrest?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been placed into a diversion program as the result of an arrest?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been or are you currently under investigation by any law enforcement agency concerning any alleged violation of the law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever stolen anything worth more than \$50?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been the driver or passenger in a vehicle you were not authorized to use (joyriding)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been the subject of a federal or state civil rights violations investigation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever committed any sexual crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been or are you now wanted for any reason by any law enforcement agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever sold, cultivated, manufactured, transported, or delivered any illegal drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you registered with selective service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PORTLAND POLICE BUREAU  
Law Enforcement Cadet Application

**PERSONAL PROFILE QUESTIONS (CONTINUED)**

*Explain each "YES" in this space*

Are you currently planning on a career in law enforcement?

YES  NO

What are your expectations of the PPB Cadet Program?

What do you hope to gain from joining the PPB Cadet Program?

PORTLAND POLICE BUREAU  
Law Enforcement Cadet Application

**ESSAY**

Please write a 250 word essay on why you want to join the Portland Police Cadet Program and what you would like to learn as a Cadet.

PORTLAND POLICE BUREAU  
Law Enforcement Cadet Application

**ESSAY (CONTINUED)**

A large, empty rectangular box with a black border, intended for the candidate to write their essay. The box occupies most of the page below the header.

PORTLAND BUREAU OF POLICE  
Personal History Statement

**SUPPLEMENTAL SHEET**

If you need more space for your responses, use this SUPPLEMENTAL SHEET to continue your response.  
Reference the relevant section and continue your answer



**CITY OF PORTLAND, OREGON**



**Bureau of Police**

Ted Wheeler, Mayor

Danielle M. Outlaw, Chief of Police

1111 S.W. 2nd Avenue • Portland, OR 97204 • Phone: 503-823-0000

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**VEHICLE OPERATIONS / INSURANCE POLICY  
STATEMENT FOR VOLUNTEERS**

*Concerning insurance covering your activities as a  
volunteer for the Portland Police Bureau*

As a volunteer, you are **not** covered by the City of Portland’s Worker Compensation program. You are, therefore, urged to have your own health insurance in the event you are injured while performing volunteer activities.

You **are** covered by the City General Liability Fund, which will protect you in the event of property damage or accidental injury to the public as a result of your performance of volunteer duties assigned by the Portland Police Bureau.

In addition, should you be asked to drive a City of Portland vehicle as a part of your volunteer duties, you will be covered for property damage or bodily injury to others resulting from a vehicle accident. Again, you should have your own health insurance to cover any injuries to yourself.

If you drive your own vehicle to perform your assigned volunteer duties, the above coverage applies; however, the City of Portland will not be responsible for any damage to your vehicle, and you must carry your own auto insurance for this purpose. The program will make an automatic check of your driver license number with the Oregon Department of Motor Vehicles in order to verify its validity prior to allowing you to drive as a part of your duties volunteering for the Portland Police Bureau.

\_\_\_\_\_  
Signature of Cadet

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

PORTLAND POLICE BUREAU  
Law Enforcement Cadet Application

**APPLICANT STATEMENT OF UNDERSTANDING**

I hereby swear or affirm that there are no willful misrepresentations, or omissions in, or falsifications of, the preceding statements and answers.

I am aware that should investigation disclose such misrepresentations, falsifications, or omissions in any documents I submit or statements I make as part of the application process, my application for participation as a volunteer with the Portland Police Cadet Program may be rejected.

If, after my acceptance into the Portland Police Cadet Program, subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for possible dismissal.

I have read and understand the Vehicle Operation/Insurance Policy Statement for volunteers.

I understand this is not to be considered an indication of probable appointment nor an obligation on the Police Bureau to make an appointment, but is a part of the selection process only.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT (IF UNDER 18 YRS)



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## **Volunteer Cadet Informed Consent**

### **Ensuring Confidentiality of Background Investigation**

I acknowledge the public needs individuals who are volunteering services and applying for access to police facilities and information services to demonstrate their suitability to access police facilities and to volunteer their services. I further recognize that the Portland Police Bureau has an obligation to ensure public safety and protect police property, equipment and records. I acknowledge the burden of proof of my fitness falls upon me.

I understand that I am authorizing an investigation into aspects of my personal life to determine my fitness to access police facilities and be associated with the Portland Police Bureau. This investigation may include contacting persons and/or organizations that have information relating to my suitability. I also understand that those persons and/or organizations may feel inhibited, intimidated or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be interwoven with other confidential information to which I would otherwise not be privy. Therefore, I exonerate, release and discharge the City the Portland, the Portland Police Bureau, their officers, agents or assigns, now and in the future, from any claims or damage, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this volunteer screening investigation, including but not limited to the identity of any person or organization who may have supplied, even where such information has been a matter of public record, or would otherwise be accessible to me when this information is interwoven with other confidential information to which I would otherwise not be privy and is not the basis for my disqualification.

I hereby knowingly, voluntarily, and specifically, waive any rights I may have to examine, review, or to other discover the contents of this investigation and all documents related thereto, whether by request, civil service appeal, grievance, or by legal process.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



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## ***Cadet Release and Hold-Harmless Waiver***

I agree to indemnify and hold harmless the City of Portland, the Portland Police Bureau (PPB), it's agents, employees, and assigns, for all losses, damages, attorney fees, costs, and expenses related to or resulting from any bodily injury, property damage, or personal injury arising out of the Cadet's intentional or negligent conduct while at PPB facilities or community events in conjunction with the PPB Cadet Program.

I specifically acknowledge the following:

- 1) Entry into the Cadet Program and accompanying training and assignments will bring the Cadet into proximity with firearms and other less lethal weapons. Though Cadets will not carry or use weapons in the field and will be directed not to handle any weapons typically found in a police vehicle while riding along with their advisors, Cadets will be trained in weapons' use at the discretion of the Cadet Coordinator and will handle some weapons during training and possibly at competitions. While all possible care will be taken to ensure Cadet physical safety while training and using weapons, Cadets must be willing and able to learn firearm and weapon safety rules and use firearms and weapons in accordance with those rules. The Cadet Program, the Bureau, and the City will not be responsible for any usage of firearms and weapons by a Cadet not conforming to safety rules and training. Accordingly, Cadets and/or their guardians acknowledge by their signature that they believe they/their minor child is physically and mentally fit to handle weapons and firearms, that the Cadet will abide by all weapons and firearms safety rules and training, and that failure to follow safety rules and training will indemnify the Program, the Bureau, and the City from legal liability.
- 2) Entry into the Cadet Program and accompanying training and assignments could expose the Cadet to fatalities, blood, bodily fluids, and potentially dangerous or hazardous situations. While all possible care will be taken to ensure Cadet physical safety, Cadets must be willing and able to face typical police situations that can cause emotional reactions. Accordingly, Cadets and their guardians acknowledge by their signature that they believe they/their minor child is mentally fit to face emotionally charged situations, and that the Portland Police Bureau is not responsible for exposure to situations that can cause, intentionally or negligently, emotional distress.
- 3) Entry into the Cadet Program is entirely voluntarily and could involve moderate to heavy physical activity. Cadets and their guardians acknowledge by their signature that reasonable physical capacity is required and agree that the Cadet is participating at their own risk. Cadets and their guardians also acknowledge by their signature that there is a risk of injury resulting from accidents or physical and/or mental stress during their participation. By signing below, Cadet and their guardians attest that, to their knowledge, the Cadet is not affected by a physical condition or disability that would prohibit the Cadet from safely participating in the PPB Cadet Program. Cadet and their guardians also understand that the provisions of the Worker's Compensation act are not applicable to PPB Cadets and that, if injured while participating in any type of PPB Cadet Program activity or training exercise, participation is at the Cadet's own risk.
- 4) Entry into the Cadet Program will require the Cadet to be an occupant in or operator of city vehicles, including marked patrol vehicles. Cadets will not be driving in emergency situations likely

(over)

***Release and Hold-Harmless Waiver***

to require high speeds or vehicle intervention techniques, and will, when practicable, not be an occupant under these circumstances. However, in emergency circumstances not allowing time to drop off the Cadet, or in non-emergent driving situations (as either the passenger or driver), while all possible care will be taken to ensure Cadet physical safety while in a City or PPB vehicle, Cadets must be willing and able to use all vehicle safety equipment (seat belts), adhere to all supervisor instructions, refrain from touching any vehicle equipment unless instructed to do so, and driving safely within Oregon’s traffic laws. The Cadet Program, the Bureau, and the City will not be responsible for any physical or mental injuries or property damage caused by an auto accident in a City or PPB vehicle where the Cadet has not conformed to these safety rules and training. Accordingly, Cadets and/or their guardians acknowledge by their signature that they believe they/their minor child is physically and mentally fit to be a passenger in or operator of a City or PPB vehicle, that the Cadet will abide by all safety rules, training, and traffic laws, and that failure to follow safety rules and training will indemnify the Program, the Bureau, and the City from legal liability.

- 5) Being accepted into the PPB Cadet Program is privilege, not a right, and therefore there is no guarantee of my admission or continued participation. The Cadet and their guardians acknowledge they may be denied participation at any time for any reason at the discretion of PPB. The Cadet and their guardians also acknowledge that physical capability is a bona fide qualification for participation, as is a strict dress code. The Cadet and their guardians further acknowledge the City’s equity commitment to non-discrimination against protected classes. Accordingly, no liberty interest is created in participation, and the Cadet and their guardians agree that there is no constitutional right to participation.

Based on the foregoing, the Cadet and their guardians acknowledge that the only potential claims the Cadet could bring against the City are for: 1) an intentional tort (with the exception of emotional distress) committed upon the Cadet by a City bureau, employee, agent, or assign; or 2) a negligence claim sounding in product liability or a negligent act against the Cadet by a City bureau, employee, agent, or assign. By entering the Cadet program and being knowledgeable of all risks, the Cadet and their guardians agree that any damages will be limited to actual losses. Consequential, punitive, treble, or other compensatory damages will not be available and are waived.

I (and, if under 18, my parent or guardian) certify that I (we) have carefully read and understand this release and indemnity agreement. If the applicant is under 18 years of age, I the undersigned parent or guardian, certify that I have also carefully read and understand this release and indemnity agreement, and I agree to its provisions as they apply to the minor applicant.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date