



PORTLAND POLICE BUREAU



POLICE CADET PROGRAM

Requirements for Membership and Application

Portland Police Cadet Program
North Precinct
449 NE Emerson Street
Portland, Oregon 97211
(503) 823-5723 ~ fax (503) 823-7434

NOTICE TO APPLICANTS

The Portland Police Bureau's Cadet Program accepts applications between September 1st and December 1st. Applications can be obtained from the Cadet Coordinator, Cadet Advisors at the precincts, or downloaded from the Cadet website located at 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.

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 meetings and the Cadet Academy.

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

Please hand-deliver or mail applications to:

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

Additional information: www.joinportlandpolice.com

MEMBERSHIP REQUIREMENTS

- **AGE:** The Portland Police Cadet Program is open to all persons interested in law enforcement between the ages 16 and 20.
 - 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.
- **SCHOOL:** Applicants are required to be enrolled in high school, or possess a high school diploma, a G.E.D., or equivalent. Members are required to maintain a grade-point average of 2.0.
- **CADET TRAINING:** Cadets must complete a training phase before being allowed to ride on patrol with a regular officer. Cadets must complete the Cadet Academy, 30 hours of ride-a-longs with a Cadet Advisor, 30 hours of details, and pass a test in order to complete probation.
- **MEETINGS:** Meetings are held every Sunday, depending on the precinct post schedule. Meetings are mandatory.
- You must be willing to work to continually improve the Cadet Program.
- You must understand and be willing to obey all program rules and regulations, including the Cadet Manual and the Portland Police Bureau's Policy and Procedure Manual.
- You must demonstrate professional demeanor and remain in good standing at all times.

APPLICATION CHECK-OFF LIST

Make sure you attach the following things to your application

- High School transcripts (recent copy of grades)
- Copy of graduation certificate/G.E.D
- Copy of Driver's License or ID card
- 250 word essay



PORTLAND POLICE BUREAU LAW ENFORCEMENT CADET APPLICATION



INSTRUCTIONS Fill out this application completely. All statements in your application are subject to verification. Incorrect statements may bar or remove you from consideration for membership. If the space provided is inadequate, add another page and identify additional information by item number. Print in black or blue ink.

PERSONAL INFORMATION

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

AGE: _____ BIRTHDATE: _____

DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE: _____

WHAT OTHER STATES HAVE YOU HAD A DRIVERS LICENSE? _____

HAVE YOU TAKEN DRIVERS ED? _____ WHEN AND WHERE? _____

SOCIAL SECURITY NUMBER: _____ PLACE OF BIRTH _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

HAIR COLOR: _____ RACE: (Optional) _____

MYSPACE URL:

FACEBOOK URL:

Cadet Meetings take place at the following locations. Please select your desired precinct location:

- EAST PRECINCT**
737 SE 106TH
Portland, OR 97216

- SOUTHEAST PRECINCT**
4735 E Burnside St.
Portland, OR 97215

- NORTH PRECINCT**
449 NE Emerson St.
Portland, OR 97211

Reason for choosing desired precinct: _____

EDUCATION/SCHOOL INFORMATION

CURRENTLY ATTENDING HIGH SCHOOL? YES NO
G.E.D.? YES NO If so, year completed: _____
HIGH SCHOOL GRADUATE? YES NO If so, year graduated: _____
CURRENTLY ATTENDING COLLEGE? YES NO

List ALL high schools/programs /colleges you have attended, starting with most recent.
Use separate sheet of paper, if needed.

SCHOOL: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ DATES: _____ TO _____ Graduated? YES / NO
Mth / Yr Mth / Yr

CURRENT GPA: _____ (Attach copy of current grades/transcript to application)

EXPECTED GRADUATION DATE: _____ MAJOR/FOCUS: _____

SCHOOL: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ DATES: _____ TO _____ Graduated? YES / NO GPA: _____
Mth / Yr Mth / Yr

SCHOOL: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ DATES: _____ TO _____ Graduated? YES / NO
Mth / Yr Mth / Yr

SCHOOL: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ DATES: _____ TO _____ Graduated? YES / NO
Mth / Yr Mth / Yr

SCHOOL: _____

ADDRESS: _____ ZIP: _____

PHONE: _____ DATES: _____ TO _____ Graduated? YES / NO
Mth / Yr Mth / Yr

If you attended more than one high school, please explain reason for transfer(s): _____

WORK / VOLUNTEER EXPERIENCE

List all jobs and volunteer positions, both current and past:

NAME OF EMPLOYER: _____
ADDRESS: _____ ZIP: _____
SUPERVISOR: _____ PHONE: _____
DATE OF EMPLOYMENT: _____
YOUR PRIMARY DUTIES: _____
MAY WE CONTACT THIS EMPLOYER? _____ IF NO, WHY: _____

NAME OF EMPLOYER: _____
ADDRESS: _____ ZIP: _____
SUPERVISOR: _____ PHONE: _____
BEGINNING DATE: _____ ENDING DATE: _____
YOUR PRIMARY DUTIES: _____
REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____
ADDRESS: _____ ZIP: _____
SUPERVISOR: _____ PHONE: _____
BEGINNING DATE: _____ ENDING DATE: _____
YOUR PRIMARY DUTIES: _____
REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____
ADDRESS: _____ ZIP: _____
SUPERVISOR: _____ PHONE: _____
BEGINNING DATE: _____ ENDING DATE: _____
YOUR PRIMARY DUTIES: _____
REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____
ADDRESS: _____ ZIP: _____
SUPERVISOR: _____ PHONE: _____
BEGINNING DATE: _____ ENDING DATE: _____
YOUR PRIMARY DUTIES: _____
REASON FOR LEAVING: _____

PARENT/GAURDIAN INFORMATION

Include Step-Parents. Use separate sheet of paper if needed

FULL NAME: _____

RELATIONSHIP: _____ DOB: _____

ADDRESS: _____

HOME PHONE: _____ WORK/CELL PH: _____

EMPLOYER: _____

DOES THIS PERSON RESIDE WITH YOU? _____ IF NO, WHY? _____

FULL NAME: _____

RELATIONSHIP: _____ DOB: _____

ADDRESS: _____

HOME PHONE: _____ WORK/CELL PH.: _____

EMPLOYER: _____

DOES THIS PERSON RESIDE WITH YOU? _____ IF NO, WHY? _____

FULL NAME: _____

RELATIONSHIP: _____ DOB: _____

ADDRESS: _____

HOME PHONE: _____ WORK/CELL PH: _____

EMPLOYER: _____

DOES THIS PERSON RESIDE WITH YOU? _____ IF NO, WHY? _____

FULL NAME: _____

RELATIONSHIP: _____ DOB: _____

ADDRESS: _____

HOME PHONE: _____ WORK/CELL PH: _____

EMPLOYER: _____

DOES THIS PERSON RESIDE WITH YOU? _____ IF NO, WHY? _____

SIBLING INFORMATION

List brothers, sisters, step-brothers, step-sisters. Use separate sheet of paper if needed

FULL NAME: _____ DOB: _____

RELATIONSHIP: _____ LIVING WITH YOU NOW? _____

IF NOT, CURRENT ADDRESS: _____

FULL NAME: _____ DOB: _____

RELATIONSHIP: _____ LIVING WITH YOU NOW? _____

IF NOT, CURRENT ADDRESS: _____

FULL NAME: _____ DOB: _____

RELATIONSHIP: _____ LIVING WITH YOU NOW? _____

IF NOT, CURRENT ADDRESS: _____

FULL NAME: _____ DOB: _____

RELATIONSHIP: _____ LIVING WITH YOU NOW? _____

IF NOT, CURRENT ADDRESS: _____

FULL NAME: _____ DOB: _____

RELATIONSHIP: _____ LIVING WITH YOU NOW? _____

IF NOT, CURRENT ADDRESS: _____

FULL NAME: _____ DOB: _____

RELATIONSHIP: _____ LIVING WITH YOU NOW? _____

IF NOT, CURRENT ADDRESS: _____

FULL NAME: _____ DOB: _____

RELATIONSHIP: _____ LIVING WITH YOU NOW? _____

IF NOT, CURRENT ADDRESS: _____

RESIDENCES

List last 5 addresses where you have lived. Start with current address. Use separate sheet of paper if needed.

1. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DATES _____ TO _____
Mth / Yr Mth / Yr

WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

2. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DATES _____ TO _____
Mth / Yr Mth / Yr

WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

3. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DATES _____ TO _____
Mth / Yr Mth / Yr

WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

4. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DATES _____ TO _____
Mth / Yr Mth / Yr

WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

5. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DATES _____ TO _____
Mth / Yr Mth / Yr

WHO LIVED WITH YOU HERE? (Include DOB if not listed elsewhere)

POLICE CONTACT HISTORY

Have you have ever been stopped, detained, questioned, held on suspicion, arrested or fingerprinted by any police, security or juvenile authority? Yes / No

If yes, please provide the following information, use additional sheets, if necessary:

DATE: _____ CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____ DISPOSITION: _____

DATE: _____ CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____ DISPOSITION: _____

DATE: _____ CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____ DISPOSITION: _____

DATE: _____ CHARGE: _____

DETAINING OR ARRESTING AGENCY: _____

ADDRESS: _____ ZIP: _____

PHONE NUMBER: _____ DISPOSITION: _____

On a separate piece of paper, beginning with the most recent case, write an account of each incident listed above.

YOUR APPLICATION WILL BE REJECTED IF YOU FAIL TO DO SO.

DRIVING RECORD

DO YOU HAVE AN DRIVER'S LICENSE OR STATE IDENTIFICATION CARD? YES / NO

STATE: _____ NUMBER: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES / NO

VEHICLE CRASH HISTORY:

DATE: _____ LOCATION: _____

INVESTIGATING AGENCY: _____ CASE NUMBER: _____

DATE: _____ LOCATION: _____

INVESTIGATING AGENCY: _____ CASE NUMBER: _____

TRAFFIC CITATIONS AND WARNINGS:

DATE: _____ LOCATION: _____

INVESTIGATING AGENCY: _____ DISPOSITION: _____

DATE: _____ LOCATION: _____

INVESTIGATING AGENCY: _____ DISPOSITION: _____

DATE: _____ LOCATION: _____

INVESTIGATING AGENCY: _____ DISPOSITION: _____

DATE: _____ LOCATION: _____

INVESTIGATING AGENCY: _____ DISPOSITION: _____

DATE: _____ LOCATION: _____

INVESTIGATING AGENCY: _____ DISPOSITION: _____

Provide written explanation for any suspension(s) or crashes, and each citation or warning.

PERSONAL REFERENCES

List four references over 21 years of age that are not related to you and not former employers or supervisors.

NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK/CELL PHONE: _____
EMAIL ADDRESS _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK/CELL PHONE: _____
EMAIL ADDRESS _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK/CELL PHONE: _____
EMAIL ADDRESS _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____ DOB: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK/CELL PHONE: _____
EMAIL ADDRESS _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____



CITY OF PORTLAND, OREGON



Bureau of Police

Sam Adams, Mayor
Michael Reese, Chief of Police

1111 S.W. 2nd Avenue • Portland, OR 97204 • Phone: 503-823-0000 • Fax: 503-823-0342

Integrity • Compassion • Accountability • Respect • Excellence • Service

SIGNATURE

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 this process, my application for participation as a volunteer with the Portland Police Cadet Program may be rejected. I have read and understand the Vehicle Operation / Insurance Policy Statement for Volunteers.

I understand this application 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.

Signature of Applicant/Parental Signature (if under 18)