



Watsonville Police Department
Jorge Zamora, Chief of Police

Cadet Unit 501
215 Union St
Watsonville, California 95076

CADET Application

Dear Cadet Applicant:

The background investigator will use the information you provide in this packet as a factor in determining your suitability for Cadet with the Watsonville Police Department Cadet Post 501. The investigation will include a comprehensive fingerprint, criminal and driving record check, school records, legal and drug history. Honesty and integrity are the most important qualities in law enforcement. All factors will be fairly evaluated and you will have an opportunity to explain your answers.

Complete this application thoroughly, accurately, and neatly. Please provide copies of the following documents with your application:

- ☐ Birth Certificate
- ☐ Middle School or High School report cards or College transcripts
- ☐ High School Diploma (If graduated)
- ☐ California Driver's License (If licensed)

Your application will not be processed without copies of these documents. Also, please ensure you complete the enclosed waivers. You may turn your completed application to the Watsonville Police Department Front Counter, **Monday through Friday, from 8:00 A.M. to 4:00 P.M.**

Department Use Only	
Applicant:	_____
Interviewer:	_____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments:	_____ _____ _____ _____ _____

Personal Information

First Name: _____ Last Name: _____ Middle Name: _____

Other names known by (included previous marriages, maiden names and aliases): _____

Date of birth (mm/dd/yyyy): _____ Age: _____

Social Security Number (18+ only): _____ Gender: _____ Race: _____

Current Address: _____
Street Address

City: _____ State: _____ Zip Code: _____

Daytime Phone Number (include area code): _____

Nighttime Phone Number (including area code): _____

Cell Phone Number (including area code): _____

Pager Number (including area code): _____

Email address: _____

List any known medical problems: _____

List any known allergies: _____

List any special needs: _____

Medications: _____

Emergency contact: _____ Relationship: _____

Address: _____ City: _____

Phone number: _____

Mother's Name: _____

Mother's Address: _____ City: _____ State/Zip: _____

Mother's Home Phone Number: _____ Work Phone Number: _____

Mother's Employer: _____

Mother's Employer Address: _____ City: _____ State/Zip: _____

Father's Name: _____

Father's Address: _____ City: _____ State/Zip: _____

Father's Home Phone Number: _____ Work Phone Number: _____

Father's Employer: _____

Father's Employer Address: _____ City: _____ State/Zip: _____

Residence

Are you a United States Citizen? ☐ Yes ☐ No

If naturalized, please provide year and state where occurred: _____

Permanent resident alien registration number: _____

Are you a California resident? ☐ Yes ☐ No

Birthplace (City and State): _____

How long have you lived at your current address? Years: _____ Months: _____

Please list the names of family members, relatives or roommates currently living with you at your current address:

1.	2.
3.	4.
5.	6.

Have you had any problems or disputes with your current neighbors? ☐ Yes ☐ No

If yes, please provide a brief explanation:

Have you had any problems or disputes with your current landlord? ☐ Yes ☐ No

If yes, please provide a brief explanation:

During the last 5 years, have you had any problems with your neighbors? ☐ Yes ☐ No

If yes, please provide a brief explanation:

Are you currently living with someone who is committing crimes? ☐ Yes ☐ No

Are you currently living with someone who is on probation or parole? ☐ Yes ☐ No

References – list four references (other than relatives) who know your character.

1. Name: _____

Address: _____ City: _____ State/Zip: _____

Home Phone Number: _____ How many years have they known you? _____

Email Address: _____ Occupation: _____

2. Name: _____

Address: _____ City: _____ State/Zip: _____

Home Phone Number: _____ How many years have they known you? _____

Email Address: _____ Occupation: _____

References continued

3. Name: _____
 Address: _____ City: _____ State/Zip: _____
 Home Phone Number: _____ How many years have they known you? _____
 Email Address: _____ Occupation: _____

4. Name: _____
 Address: _____ City: _____ State/Zip: _____
 Home Phone Number: _____ How many years have they known you? _____
 Email Address: _____ Occupation: _____

Education

What is your highest level of education:

☐ High school diploma _____ year
☐ GED or equivalency _____ year
☐ College degree _____ year
☐ Currently attending college

Name of school currently attending: _____ Grade: _____ Current GPA: _____

Name of high school, city and state graduated from: _____

Name of adult school, city and state for GED: _____

Name of college, city and state for degree(s): _____

What is your degree? _____ What was your major? _____

Have you ever been expelled or suspended from any high school, vocational school or college? ☐ Yes ☐ No

If yes, please provide a brief explanation: _____

Employment

Have you ever applied to the Watsonville Police Department? ☐ Yes ☐ No

If Yes, please list year, position, and the result of your application.

Year	Position	Disposition			
		<input type="checkbox"/> Hired	<input type="checkbox"/> Non-select	<input type="checkbox"/> Disqualified	<input type="checkbox"/> Application only
		<input type="checkbox"/> Hired	<input type="checkbox"/> Non-select	<input type="checkbox"/> Disqualified	<input type="checkbox"/> Application only
		<input type="checkbox"/> Hired	<input type="checkbox"/> Non-select	<input type="checkbox"/> Disqualified	<input type="checkbox"/> Application only

**Please list your current and previous employers for the past 5 years.
Begin with your current employer and work backward.**

Current Employer:

Street Address: _____ Suite Number: _____
City: _____ State: _____ Zip Code: _____
Phone number (including area code): _____
Current Supervisor: _____ Phone number: _____
Job Title: _____
Duties or responsibilities: _____

Employment dates

Hire date: _____ to _____

Reason for leaving: _____

Company Name:

Street Address: _____ Suite Number: _____
City: _____ State: _____ Zip Code: _____
Phone number (including area code): _____
Current Supervisor: _____ Phone number: _____
Job Title: _____
Duties or responsibilities: _____

Employment dates

Hire date: _____ to _____

Reason for leaving: _____

Company Name:

Street Address: _____ Suite Number: _____
City: _____ State: _____ Zip Code: _____
Phone number (including area code): _____
Current Supervisor: _____ Phone number: _____
Job Title: _____
Duties or responsibilities: _____

Employment dates

Hire date: _____ to _____

Reason for leaving: _____

Employment

Have you ever been fired, terminated, or asked to resign from any place of employment?

☐ Yes ☐ No

If yes, please list year and circumstances: _____

Would any previous employer decline to rehire you because of your behavior, conduct or attitude?

☐ Yes ☐ No

If yes, please list year and circumstances: _____

Have you ever been in a fistfight, hostile confrontation or loud argument with a supervisor or coworker?

☐ Yes ☐ No

If yes, please list year and circumstances: _____

Have you ever been disciplined, suspended, or fired for lying or being untruthful?

☐ Yes ☐ No

If yes, please list year and circumstances: _____

Within the last five years, have you ever stolen money, property, or equipment from an employer?

☐ Yes ☐ No

If yes, please list year and circumstances: _____

Military

Have you complied with draft registration laws? ☐ Yes ☐ No ☐ Not applicable

Have you ever served in the military? ☐ Yes ☐ No Branch of service: _____

Highest rank achieved: _____ Rank when discharged: _____

Type of Discharge: _____

Dates of Service: _____ Enlistment date: _____ to _____

Are you active military reserve or National Guard?

☐ Yes ☐ No

Do you have any military police training or experience?

☐ Yes ☐ No

Have you ever received any judicial or non-judicial disciplinary action, including a court martial, Article 15, Captain's Mast or other form of discipline while in the military?

☐ Yes ☐ No

If yes, please provide a brief explanation. _____

Are you eligible to re-enlist?

☐ Yes ☐ No

If No, why not? _____

Driving

Do you possess a California Driver's License?

☐ Yes ☐ No

California Driver's License Number: _____

Exp. Date: _____

If No, do you possess a California Identification Card?

☐ Yes ☐ No

California Identification Number: _____

Exp. Date: _____

Have you ever been issued a driver's license issued in another state?

☐ Yes ☐ No

If Yes, please list state and year.

State: _____

Year: _____

Have you ever been refused a driver's license from any state?

☐ Yes ☐ No

If Yes, please explain the circumstances including year. _____

Has your driver's license ever been suspended, restricted, revoked or placed on probation?

☐ Yes ☐ No

If yes, please provide a brief explanation. _____

During the last 5 years, have you driven a vehicle under the influence of alcohol or drugs?

☐ Yes ☐ No

If Yes, please explain the circumstances including year. _____

Are you currently driving an uninsured vehicle?

☐ Yes ☐ No

Insurance provider: _____

Legal

Since the age of 14, have you ever been a gang member or associated with a gang member?

☐ Yes ☐ No

If Yes, please explain the circumstances including year. _____

Since the age of 14, have you committed the crime of graffiti, tagging, or similar acts of vandalism?

☐ Yes ☐ No

If Yes, please explain the circumstances including year. _____

Do you currently associate with relative, family members, friends, or associates you know are committing a crime?

☐ Yes ☐ No

If Yes, please explain the circumstances including year. _____

Have you ever used a prescription drug not prescribed to you?

☐ Yes ☐ No

If Yes, please explain the circumstances including year. _____

Have you ever sold, provided, or given illegal drugs/narcotics to anyone?

☐ Yes ☐ No

If Yes, please explain the circumstances including year. _____

Have you ever grown marijuana or manufactured any type of drug or narcotic?

☐ Yes ☐ No

If Yes, please explain the circumstances including year. _____

Do you associate with any person who uses illegal drugs or narcotics?

If Yes, please explain the circumstances including year. _____

When was the last time you were present while illegal drugs or narcotics were being used?

Month: _____ Year: _____ Location: _____

Drug History

Have you ever used, tried, tasted, ingested, inhaled, injected, sniffed, smoked, swallowed, pretended to use, had possession of, simulated use, attempted to use, tested, thought you were using, or experimented with the following?

	No	Yes	How many times	Month / Year last used	Age last used
Marijuana (grass weed, pot, doobie, mota, joint, refer, ganja)					
Hashish (<i>hash</i>)					
Cocaine (<i>crack, rock, smoked, powder</i>)					
Speed					
Meth (<i>meth-amphetamine, crystal</i>)					
LSD (<i>acid, sugar cube, tabs, white lightning, microdot</i>)					
PCP (<i>angel dust, sherm, killer weed, lovely, whack, love boat</i>)					
Heroin (<i>smack, brown sugar, junk, black tar, "H", mud</i>)					
Opium (<i>dover's power</i>)					
Mushrooms/Peyote (<i>buttons, cactus, shrooms, magic</i>)					
Barbiturates (<i>downers, reds, red devils, pink ladies</i>)					
Amphetamines (<i>uppers, cross tops, whites, bennies</i>)					
Morphine					
Rave Drugs (<i>rohypol, ruffies, rocha, liquid X, love drug</i>)					
Ecstasy (<i>designer drugs, K-hole, E, EXT, GHB, love</i>)					
Amyl Nitrite (<i>rush, locker room, climax, snappers</i>)					
Steroids					
Glue, paint thinner, paint, solvents, aerosols, etc.					

Prior Law Enforcement

Have you ever applied for a position (sworn, civilian, volunteer or intern) with any other law enforcement agency?

☐ Yes ☐ No

Year	Agency	Position	Disposition			
			<input type="checkbox"/> Hired	<input type="checkbox"/> Non-select	<input type="checkbox"/> Disqualified	<input type="checkbox"/> Application only
			<input type="checkbox"/> Hired	<input type="checkbox"/> Non-select	<input type="checkbox"/> Disqualified	<input type="checkbox"/> Application only
			<input type="checkbox"/> Hired	<input type="checkbox"/> Non-select	<input type="checkbox"/> Disqualified	<input type="checkbox"/> Application only

Have you had prior law enforcement training?

☐ Yes ☐ No

If Yes, please provide academy, state, year, and whether or not you graduated.

Have you ever been terminated or resigned in lieu of termination from a law enforcement agency?

☐ Yes ☐ No

If Yes, please provide a brief explanation. Include agency and year.

Year	Agency	Position	Explanation

Authorization to Release Information

Full name: _____ Date of Birth: _____

Other names used (maiden, prior marriages,
adoption, etc.): _____

I, _____, understand that in connection with the application process, that
print your name

the Watsonville Police Department may request information from my past employers and/or references, and I also understand that such investigation may include a review of any criminal records. I certify that I have provided complete and truthful information to the Watsonville Police Department regarding all sources of information concerning my past employment, education, certification and criminal conviction record, as well as any other information requested in my employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of appointment or immediate discharge. In order to assist the Watsonville Police Department in obtaining documents and information to confirm my background, I hereby consent to the release of the information as described below.

I request, authorize and consent to the release of information to the Watsonville Police Department regarding my previous and current employment, and authorize all employers or agents that they may designate, to respond forthrightly to verbal or written inquiries from the Watsonville Police Department regarding my employment record, including but not limited to: positions held, dates of employment, beginning and end pay rates; work performance; disciplinary records, reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon materials in my personnel files.

Further, I direct you to release such information upon request of any duly accredited representative of the Watsonville Police Department, regardless of any agreement, instructions or representations I may have made with you previously to the contrary.

I further request, authorize and consent to the Watsonville Police Department's investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. The Watsonville Police Department has advised me that any criminal background check will focus on convictions, and that a conviction as such will not necessarily disqualify me from appointment. I also waive any and all rights and claims I may have against the Watsonville Police Department, its employees, representatives or agents, former educational institutions, or any person listed as a reference, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me in compliance with California Civil Code Section 47 as amended. It is with full understanding and consent that I agree that a photocopy of this authorization may be used only for the purposes stated above.

Participant Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.

Watsonville Police Shooting Range Waiver and Release

I, _____, and I, _____, and
Participant Parent(s) / Guardian(s)
_____, hereby assume all risks of Participant's involvement in the
Parent(s) / Guardian(s)

Watsonville Police Department's Cadet program. I recognize that Participant's involvement in the above-described activity is inherently dangerous and I accept those dangers.

I hereby consent to the administering of medical treatment to Participant in the event of injury, accident, and/or illness during this activity.

I agree that Participant shall obey all orders, rules, and procedures associated with this activity. I also understand that if during Participant's involvement in this activity, Participant exhibits any misconduct or violates any order, rule, or procedure, Participant shall be dismissed from such activity, and depending on the severity of Participant's actions, Participant may also be dismissed from the Cadet Post. I understand that Participant is responsible for the reasonable care of equipment Participant uses in the conduct of this activity and that any wrongful destruction of such equipment will be charged to Participant and/or Participant's parent(s)/guardian(s) shall be responsible for the replacement costs of such items.

In consideration of my/Participant's being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby:

- (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY the City of Watsonville and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers or the death, injury or property loss or damage of Participant or actions of any kind which may accrue to me as a result of Participant's involvement in this activity and
- (B) Agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any Participant's actions during this activity except for those claims arising from the sole negligent or willful conduct of the City of Watsonville, it's employees or agents.

I acknowledge that this waiver, release and indemnity that I have signed will be used by the City of Watsonville and its employees and agents to protect themselves from liability arising from Participant's involvement in the above-described activity, and that it will govern Participant's actions and responsibilities at said activities. I understand that if Participant is injured this waiver release and indemnity will be used against Participant, Participant's parent(s)/guardian(s), and anyone else claiming damages as a result of such injury in any legal action.

This waiver, release, and indemnity shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content.

If I am signing this form as a parent or guardian, I further certify that I am the parent or guardian of the above-named Participant that that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

Participant Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.

Watsonville Police Ride-Along Waiver and Release

I, _____, and I, _____, and
Participant Parent(s) / Guardian(s)
_____, hereby assume all risks of Participant's involvement in the
Parent(s) / Guardian(s)

Watsonville Police Department's Cadet program. I recognize that Participant's involvement in the above-described activity is inherently dangerous and I accept those dangers.

I hereby consent to the administering of medical treatment to Participant in the event of injury, accident, and/or illness during this activity.

I agree that Participant shall obey **all** orders, rules, and procedures associated with this activity. I also understand that if during Participant's involvement in this activity, Participant exhibits any misconduct or violates any order, rule, or procedure, Participant shall be dismissed from such activity, and depending on the severity of Participant's actions, Participant may also be dismissed from the Explorer Post. I understand that Participant is responsible for the reasonable care of equipment Participant uses in the conduct of this activity and that any wrongful destruction of such equipment will be charged to Participant and/or Participant's parent(s)/guardian(s) shall be responsible for the replacement costs of such items.

In consideration of my/Participant's being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby:

- (C) **WAIVE, RELEASE AND DISCHARGE FROM LIABILITY** the City of Watsonville and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers or the death, injury or property loss or damage of Participant or actions of any kind which may accrue to me as a result of Participant's involvement in this activity and
- (D) Agree to **INDEMNIFY AND HOLD HARMLESS** the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any Participant's actions during this activity except for those claims arising from the sole negligent or willful conduct of the City of Watsonville, it's employees or agents.

I acknowledge that this waiver, release and indemnity that I have signed will be used by the City of Watsonville and its employees and agents to protect themselves from liability arising from Participant's involvement in the above-described activity, and that it will govern Participant's actions and responsibilities at said activities. I understand that if Participant is injured this waiver release and indemnity will be used against Participant, Participant's parent(s)/guardian(s), and anyone else claiming damages as a result of such injury in any legal action.

This waiver, release, and indemnity shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content.

If I am signing this form as a parent or guardian, I further certify that I am the parent or guardian of the above-named Participant that that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

Participant Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.

The ability to express yourself in writing is extremely important in law enforcement. Please write a thorough essay stating the reasons why you want to become a Cadet with the Watsonville Police Department. Include any qualifications, experience and training you feel would benefit the community and department.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I hereby certify the information I have provided within this personal history statement is true and correct. I understand any omissions or false statements will result in disqualification or immediate dismissal.

Applicant Signature: _____ Date: _____

Signature: _____ Date: _____



PUBLIC SAFETY CADETS – AGREEMENT AND LEGAL WAIVER FORM

AGREEMENT AND LEGAL WAIVER

I declare that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification or termination from the Public Safety Cadets program (hereinafter "Cadets Program"). I understand that my participation in the Cadets Program is voluntary and at an "at will" status; and that the sponsoring agency/organization, acting through its Cadets Program Unit, is free to discharge me without cause and I am free to discontinue participation in the program at any time. I understand the importance of providing accurate medical information, I certify that all information provided is accurate, and I acknowledge that there are no undisclosed physical limitations that would prevent me from participating in all aspects of the Cadets Program. I understand that participation in the Cadets Program involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges of the Cadet Program activities. I agree that approved Mentors and program volunteers may provide transport during Cadets Program activities. I also understand that in the event of serious illness or injury, reasonable efforts will be made to contact the parent or guardian, if listed below.

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS

With appreciation of the dangers and risks associated with the Cadets Program, I hereby release, acquit and forever discharge the Public Safety Cadets, the partnering agency/organization and its officers, agencies, and employees of and from any and all rights, claims, demands, actions, causes of action, damages, costs, losses of services, compensation, and debts, including attorney's fees (collectively "claims") which I may have against the Cadets Program, whether known or unknown, which result from, arise from, or are related in any way to my participation in the Cadets Program or any activities or events related thereto. I hereby agree to hold harmless Public Safety Cadets and the partnering agency/organization from and against any and all claims which result from, arise from, or are related in any way to my participation in the Cadets Program excluding only claims that are attributable to the gross negligence or willful misconduct of Public Safety Cadets and/or the partnering agency/organization.

Should I require emergency medical care while participating in the Cadet Program, I hereby give sponsoring agency/organization personnel my permission to use their judgment in obtaining care for me and I give permission to the medical care provider selected by the Cadet Program personnel to render medical care deemed necessary and appropriate. Such consent includes any x-ray examination, anesthetic, medical or surgical diagnostic or treatment and/or hospital service that may be rendered. I understand that Public Safety Cadets or the sponsoring agency/organization is not obligated to provide medical treatment and that any cost incurred for treatment provided which is not covered by insurance shall be my sole responsibility. I warrant that I understand the content of the foregoing authorization and release. My signature, hereon, is my own free act and it is my intention to be legally bound hereby.

WAIVER FOR CONSENT FOR PHOTOGRAPHS

I do hereby consent to being photographed, by professional and/or amateur photographers, while participating in any detail, event, function, or activity related to the Cadets Program. I also give my consent for the Public Safety Cadets and/or the partnering agency/organization, including any Division or unit therein to use my name, likeness, image, appearance, and biographical information ("Image"), in, on or in connection with any photographs, pictures, digital images, websites programs, printed materials and any and all media, whether now known or hereafter developed, throughout the world at any time, for the legitimate purposes of Public Safety Cadets. I hereby expressly waive all claims for royalties or other compensation related to any such use of my Image or related information and release Public Safety Cadets and the partnering agency/organization from any and all liability which may arise as a result of being photographed while participating in the Cadets Program, and for the subsequent use and display of the Image. I understand that this consent/waiver and release will remain in effect until such time that it is revoked, in writing, by me. Public Safety Cadets and the sponsoring agency/organization retains the right to use the aforementioned Image for the purposes stated herein, whether or not I continue to be involved in the Cadets Program, absent my written revocation of consent.

I understand that Public Safety Cadets shall have no obligation to use the Image, and that all creative decisions regarding the use of the Image shall be at the sole discretion of Public Safety Cadet's or the sponsoring agency/organization.

By signing below, all Cadet Applicants, Parents, Guardians, Partnering Agency/Organization Unit Mentors have read, understand, and agree to all conditions listed herein.

I acknowledge and agree that this Release & Waiver is binding upon me, my heirs, assigns and legal representatives:

Cadet Signature: _____

Date: _____

Cadet Printed Name: _____

If participant is a minor child, I, as his/her parent/legal guardian, agree on his/her behalf:

Parent/Guardian Signature: _____

Date: _____

Print Name: _____