



Mount Prospect Police Department

911 E Kensington Rd
Mount Prospect, IL 60056
(847) 870-5656

Website: www.joinmppd.org

MICHAEL ETERNO
CHIEF OF POLICE

POLICE CADET APPLICATION

BASIC REQUIREMENTS - POLICE CADET
VILLAGE OF MOUNT PROSPECT
Equal Opportunity Employer - M/F

1. **CITIZENSHIP** Must be a citizen of the United States at the time of filing formal application.
2. **AGE** All applicants must be between the ages of fourteen (14) years but not more than twenty-one (21) years old by the date of application filing.
- 3.. **RESIDENCY** Must reside in the Village of Mount Prospect or adjoining community.

Personal Information

NAME (LAST) (FIRST) (MIDDLE)			LIST ANY OTHER NAMES, ALIASES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME IF APPLICABLE)	
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE, AND COUNTY) <u>NO P.O. BOX</u>				
HOME PHONE	WORK PHONE EXTENSION	CELLULAR PHONE	E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER (YOUR SOCIAL SECURITY NUMBER IS BEING REQUESTED FOR BACKGROUND CHECK PURPOSES ONLY)				
DATE OF BIRTH (MONTH-DAY-YEAR)		PLACE OF BIRTH (CITY AND STATE)		
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	
LIST ANY SCARS, BIRTHMARKS, BLEMISHES, DEFORMITIES, AMPUTATIONS, TATTOOS, ETC. THAT YOU MAY HAVE.				
ARE YOU A U.S. CITIZEN?		IF YES		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> BIRTH CERTIFICATE	<input type="checkbox"/> PASSPORT	
		<input type="checkbox"/> NATURALIZATION DOCUMENTS		

PARENT/LEGAL GUARDIAN NAME		RELATIONSHIP TO CADET		
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE, AND COUNTY) <u>NO P.O. BOX</u>				
HOME PHONE	WORK PHONE EXTENSION	CELLULAR PHONE	E-MAIL ADDRESS	

PARENT/LEGAL GUARDIAN NAME		RELATIONSHIP TO CADET		
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE, AND COUNTY) <u>NO P.O. BOX</u>				
HOME PHONE	WORK PHONE EXTENSION	CELLULAR PHONE	E-MAIL ADDRESS	

Academics

EDUCATIONAL HISTORY					
LIST THE VARIOUS SCHOOLS WHICH YOU HAVE ATTENDED & OTHER INFORMATION REQUESTED.					
NAME & ADDRESS OF SCHOOL (INCLUDE CITY AND STATE)	MAJOR/MINOR	DATE(S) ATTENDED	GRADUATE	GED	AVERAGE GRADE
HIGH SCHOOLS					
COLLEGE OR UNIVERSITIES					CREDIT HRS/DEGREE OR CERTIFICATE RECEIVED

Employment History

LIST THE LAST 3 JOBS YOU HAVE HAD. PUT YOUR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE AND TEMPORARY OR PART-TIME JOBS; LIST THEM IN PROPER TIME SEQUENCE.						
1.	EMPLOYER'S NAME			TYPE OF BUSINESS		
	ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)		EXACT TITLE OR POSITION	
	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> MILITARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER					
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING		
2.	EMPLOYER'S NAME			TYPE OF BUSINESS		
	ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)		EXACT TITLE OR POSITION	
	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> MILITARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER					
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING		
3.	EMPLOYER'S NAME			TYPE OF BUSINESS		
	ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER
	NAME & TITLE OF SUPERVISOR	FROM (DATE)	TO (DATE)		EXACT TITLE OR POSITION	
	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> MILITARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER					
	EXPLAIN WHAT YOUR DUTIES WERE:			REASON FOR LEAVING		

References

FILL IN BELOW THE NAMES OF **THREE ADULTS** NOT RELATED TO YOU & NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD, PREFERABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

1.	NAME	ADDRESS		
	BUSINESS ADDRESS	HOME/CELL PHONE	YEARS KNOWN	
	BUSINESS, OCCUPATION, OR PROFESSION	BUSINESS PHONE		
2.	NAME	ADDRESS		
	BUSINESS ADDRESS	HOME/CELL PHONE	YEARS KNOWN	
	BUSINESS, OCCUPATION, OR PROFESSION	BUSINESS PHONE		
3.	NAME	ADDRESS		
	BUSINESS ADDRESS	HOME/CELL PHONE	YEARS KNOWN	
	BUSINESS, OCCUPATION, OR PROFESSION	BUSINESS PHONE		

Personal History

The following questions are considered personal and will be held strictly confidential. These questions must be answered completely and honestly for your application to be considered for membership:

- 1) Have you ever been part of a Police Cadet or Explorer Program before? (Yes No) If "Yes" Dates & Department(s)

- 2) How did you learn about the Mount Prospect Police Cadet Program?

- 3) Have you had any contacts with the police (i.e. citations, arrests, violations, traffic stops, etc.)? Yes - please explain No

- 4) Are you involved with any community volunteer organizations? Yes - please list No

- 5) What are your personal and career goals for the future (does not have to be law enforcement related)?

- 6) What areas of law enforcement interest you (i.e. federal, local, forensics, criminology, etc.)?

7) Do you have access to a vehicle to drive (or can you be driven) to and from meetings/events? Yes No

8) Do you have and serious injuries or physical limitations that may inhibit your performance as a police cadet? Yes - please explain No

9) Why do you wish to participate in the Mount Prospect Police Cadet Program?

10) How will you contribute to the Mount Prospect Police Cadet Program?

Waiver

I hereby certify to the best of my knowledge that all of the aforementioned statements and answers are true and correct. That failure to answer questions truthfully will result in the dismissal of the application from consideration. I also understand that this is an application for membership in the Mount Prospect Police Cadet Program.

I understand that ALL inter-departmental information that I may gain knowledge of (i.e. name, suspects, cases, etc.) is to be kept strictly confidential within the police department. I understand that with the first six months of the membership, I am on probationary status and subject to removal.

I authorize by my signature on this application, a Cadet Advisor to conduct a full background check regarding any information in this or relevant to this application.

Applicant's Name Printed: _____

Date: _____

Applicant's Signature: _____

This portion of the application must be read and signed by a parent or legal guardian of applicant who is under the age of 18.

I, _____, give my child,

_____ permission to participate in the Mount Prospect Police Cadet Program.

Parent/Legal Guardian (Printed): _____

Relationship to Cadet: _____

Signed: _____ Date: _____

**MOUNT PROSPECT
POLICE DEPARTMENT**

STATEMENT OF POLICY

The Mount Prospect Police Department Cadet Program does not discriminate based on age, sex, race, color, national origin, place of residence, physical or mental handicap (except when age or handicap inhibits participation or safety).

Please answer all questions completely. If a question does not apply, write 'DNA' in the appropriate space. Willful misrepresentation in regard to any material fact in the application will be regarded as cause for rejection. Failure to complete this form can be regarded as cause for rejection of application.