



VACAVILLE POLICE CADET PROGRAM

Applicant Information

Full Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent's Names: _____

School: _____ Grade: _____

Have you ever been arrested for any offense? _____ Yes _____ No

If yes, explain: _____

References

List 3 Personal Character References (No relatives):

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

I certify that the facts provided above are true and complete. I further understand that any false statements or omissions of information or facts shall be cause for denial or dismissal from the cadet program.

Signature: _____ Date: _____