

## Gresham Police Department Law Enforcement Cadet Unit

Dear Cadet Applicant:

Below you will find essential information concerning the application process for the Gresham Police Cadets. Please follow all instructions **exactly**. Failure to fill out the packet as instructed will be grounds for your application to be rejected, requiring you to correct and resubmit it.

1. Attached to this cover page is a Gresham Police Cadet unit background packet. Please carefully read and complete this packet before submitting it for consideration. If you are currently attending high school, a current copy of your transcript **must** be included. This is a fillable document and must be completed electronically and then printed out. **Handwritten packets will not be accepted.**
2. The last four pages of the packet must be signed in the presence of a notary public (the third page of these four, 'Consent to Photograph & Fingerprint', is for juvenile applicants only). If you are under 18 years of age, both you and a parent or guardian must sign the last three pages before a notary. **DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY.** This can be done at most banks, Gresham City Hall, or the Gresham Police Department Records Section. Any page requiring notarization that has not been notarized will be cause for this application to be rejected.
3. To be considered for volunteer service as a Gresham Police Cadet, you must submit your application packet – signed and properly notarized – with a copy of your high school transcript (if applicable) to:

City of Gresham  
ATTN: Cathi Forsythe  
1333 NW Eastman Parkway  
Gresham, OR 97030

4. You will be contacted with a date and time for an oral interview.

Thank you for your interest in the Gresham Police Law Enforcement 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 503-618-2320 or you may communicate via email if you prefer at [cadets@greshamoregon.gov](mailto:cadets@greshamoregon.gov).

Sincerely,

Gresham Police Cadet Unit



**APPLICATION PACKET**

This form must be completed electronically. All questions must be answered completely and accurately. Boxes that are not applicable to you must be marked "N/A". Boxes which are applicable but for which the information is unknown must be marked "Unk". All statements within this questionnaire are subject to verification. If you need additional space to respond, please use the supplemental sheet provided at the end of the document and identify additional information by block number. Be sure to include the zip code with every address and the area code for every phone number entered.

If you have been fired from a job, have a criminal record, or any other derogatory aspects of you life, these items, in themselves, may not keep you from being accepted. **However, the intentional omission, misrepresentation or falsification of any item will cause your application to be rejected.** No matter how qualified you are in other respects, you cannot become a Gresham Police Cadet if your truthfulness is in doubt. For this reason, we encourage you to be open and straightforward as you respond to this questionnaire and in all your dealings with the Gresham Police Department.

The City of Gresham is an equal opportunity employer.

**1. PERSONAL INFORMATION**

NAME (LAST, FIRST MIDDLE) \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ SOCIAL MEDIA SITES \_\_\_\_\_

LIST ANY OTHER NAMES YOU HAVE USED, INCLUDING NICKNAMES AND ALIASES \_\_\_\_\_ US CITIZEN? \_\_\_\_\_ NATURALIZED? \_\_\_\_\_  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ YES \_\_\_\_\_ NO

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ OTHER LICENSE OR ID NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PLACE OF BIRTH – CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

What language(s) do you speak fluently?  
\_\_\_\_\_

2. REFERENCES

GIVE FOUR (4) REFERENCES – NOT RELATED BY BLOOD, MARRIAGE, OR DOMESTIC PARTNERSHIP – WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY, THREE (3) OF WHOM MUST HAVE KNOWN YOU FOR AT LEAST THREE (3) YEARS. ADDRESSES ARE MANDATORY. INCLUDE ZIP & AREA CODES.

Form for reference 1 with fields: COMPLETE NAME OF REFERENCE, YEARS KNOWN, PLACE OF EMPLOYMENT, STREET ADDRESS, EMPLOYMENT ADDRESS, CITY, STATE, ZIP, PHONE.

Form for reference 2 with fields: COMPLETE NAME OF REFERENCE, YEARS KNOWN, PLACE OF EMPLOYMENT, STREET ADDRESS, EMPLOYMENT ADDRESS, CITY, STATE, ZIP, PHONE.

Form for reference 3 with fields: COMPLETE NAME OF REFERENCE, YEARS KNOWN, PLACE OF EMPLOYMENT, STREET ADDRESS, EMPLOYMENT ADDRESS, CITY, STATE, ZIP, PHONE.

3. RESIDENCES

LIST BELOW ALL RESIDENCES SINCE AGE 12. LIST CURRENT RESIDENCE FIRST.

Form for residences with fields: FROM MO./YR., TO MO./YR., ADDRESS, CITY, STATE, ZIP, WITH WHOM DID YOU LIVE?, LANDLORD NAME, ADDRESS, CITY, STATE, ZIP, PHONE.

FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____	_____
WITH WHOM DID YOU LIVE? LIST EACH PERSON'S NAME, DATE OF BIRTH, & RELATIONSHIP					
_____					
_____					
LANDLORD NAME	ADDRESS	CITY	STATE	ZIP	PHONE
_____	_____	_____	_____	_____	_____

FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____	_____
WITH WHOM DID YOU LIVE? LIST EACH PERSON'S NAME, DATE OF BIRTH, & RELATIONSHIP					
_____					
_____					
LANDLORD NAME	ADDRESS	CITY	STATE	ZIP	PHONE
_____	_____	_____	_____	_____	_____

FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____	_____
WITH WHOM DID YOU LIVE? LIST EACH PERSON'S NAME, DATE OF BIRTH, & RELATIONSHIP					
_____					
_____					
LANDLORD NAME	ADDRESS	CITY	STATE	ZIP	PHONE
_____	_____	_____	_____	_____	_____

FROM MO./YR.	TO MO./YR.	ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____	_____
WITH WHOM DID YOU LIVE? LIST EACH PERSON'S NAME, DATE OF BIRTH, & RELATIONSHIP					
_____					
_____					
LANDLORD NAME	ADDRESS	CITY	STATE	ZIP	PHONE
_____	_____	_____	_____	_____	_____

**4. EMPLOYMENT**

LIST EVERY PERIOD OF EMPLOYMENT OR VOLNTEER SERVICE THAT YOU HAVE HAD IN THE LAST FOUR (4) YEARS. BEGIN WITH PRESENT EMPLOYER. INCLUDE PART-TIME JOBS AND VOLUNTEER POSITIONS.

**ADDRESSES ARE MANDATORY** unless not existing anymore. **INCLUDE ZIP & AREA CODES.**

DATES OF EMPLOYMENT FROM                      TO MO./YR.                  MO./YR.	EMPLOYER NAME & ADDRESS	PHONE	NAMES OF SUPERVISOR(S)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	JOB TITLE & RESPONSIBILITIES/DUTIES		NAMES OF COWORKERS(2)
REASON FOR LEAVING (SEASONAL; FIRED; LAID OFF; SCHOOL, ETC.)		DISCIPLINARY ACTIONS TAKEN AGAINST YOU	

DATES OF EMPLOYMENT FROM                      TO MO./YR.                  MO./YR.	EMPLOYER NAME & ADDRESS	PHONE	NAMES OF SUPERVISOR(S)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	JOB TITLE & RESPONSIBILITIES/DUTIES		NAMES OF COWORKERS(2)
REASON FOR LEAVING (SEASONAL; FIRED; LAID OFF; SCHOOL, ETC.)		DISCIPLINARY ACTIONS TAKEN AGAINST YOU	

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REASON FOR LEAVING (SEASONAL; FIRED; LAID OFF; SCHOOL, ETC.)		DISCIPLINARY ACTIONS TAKEN AGAINST YOU	

DATES OF EMPLOYMENT FROM            TO MO./YR.        MO./YR.	EMPLOYER NAME & ADDRESS	PHONE	NAMES OF SUPERVISOR(S)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	JOB TITLE & RESPONSIBILITIES/DUTIES		NAMES OF COWORKERS(2)
REASON FOR LEAVING (SEASONAL; FIRED; LAID OFF; SCHOOL, ETC.)    DISCIPLINARY ACTIONS TAKEN AGAINST YOU			

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<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	JOB TITLE & RESPONSIBILITIES/DUTIES		NAMES OF COWORKERS(2)
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<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	JOB TITLE & RESPONSIBILITIES/DUTIES		NAMES OF COWORKERS(2)
REASON FOR LEAVING (SEASONAL; FIRED; LAID OFF; SCHOOL, ETC.)    DISCIPLINARY ACTIONS TAKEN AGAINST YOU			

**5. POLICE CONTACT/ARREST RECORD**

LIST ALL MATTERS THAT RESULTED IN POLICE CONTACT – EVEN IF NOT FORMALLY CHARGED, OR NO COURT APPEARANCE, OR FOUND NOT GUILTY OR MATTER SETTLED BY PAYMENT OF A FINE – WHETHER AS A JUVENILE OR ADULT, WHERE YOU WERE ARRESTED, TAKEN INTO CUSTODY, HELD ON SUSPICION, FINGERPRINTED, BEEN A SUSPECT, DETAINED, QUESTIONED, AND/OR ISSUED A FELONY, MISDEMEANOR OR VIOLATION CITATION (EXCLUDING PARKING TICKETS OR TRAFFIC).

LIST ALL MATTERS THAT RESULTED IN A DETENTION, QUESTIONED AS A SUSPECT, ISSUED A CITATION OR ARRESTED BY NON-LAW ENFORCEMENT PERSONNEL OR MILITARY AUTHORITIES FOR ANY VIOLATION (I.E., CITIZEN’S ARREST BY STORE SECURITY).

DATE	PLACE/JURISDICTION	CHARGE	FINAL DISPOSITION (acquitted/convicted/warned/etc.)	DETAILS

**6. TRAFFIC RECORD**

LIST ALL TRAFFIC CITATIONS AND SUSPENSIONS ISSUED TO YOU (EXCLUDING PARKING TICKETS).

**TRAFFIC CITATIONS**

DATE	PLACE/JURISDICTION	CHARGE	FINAL DISPOSITION (acquitted/convicted/warned/etc.)	DETAILS

**SUSPENSIONS**

DATE	PLACE/JURISDICTION	CHARGE	FINAL DISPOSITION (acquitted/convicted/warned/etc.)	DETAILS

**7. MOTOR VEHICLE ACCIDENTS**

LIST ALL MOTOR VEHICLE ACCIDENTS YOU HAVE EVER HAD AS A DRIVER.

DATE	POLICE INVESTIGATION	CITY/COUNTY/STATE	POLICE AGENCY	CHECK ALL THAT APPLY
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> At fault <input type="checkbox"/> Not at fault <input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
	Yes No			At fault Not at fault Injury Non-Injury
	Yes No			At fault Not at fault Injury Non-Injury
	Yes No			At fault Not at fault Injury Non-Injury

**8. MOTOR VEHICLE INSURANCE**

OREGON LAW REQUIRES OWNERS OF MOTOR VEHICLES TO BE COVERED BY AUTOMOBILE LIABILITY INSURANCE. PLEASE LIST YOUR CURRENT LIABILITY INSURANCE INFORMATION YOU HAVE FOR YOUR MOTOR VEHICLES. LIST PREVIOUS INSURER IF YOU HAVE CHANGED INSURANCE CARRIERS IN THE LAST TWO YEARS.

COMPANY/AGENT	ADDRESS/PHONE NUMBER	POLICY NUMBER	EXPIRATION DATE

**9. VEHICLES**

LIST ALL VEHICLES REGISTERED TO YOU, YOUR SPOUSE, OR ANY OCCUPANT OF YOUR RESIDENCE.

MAKE	YEAR	MODEL	LICENSE #/STATE	REGISTERED OWNER



**10. ASSOCIATES ARREST HISTORY**

HAS A 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

IF YES, LIST BELOW.

DATE	NAME/RELATIONSHIP	DOB	PLACE/JURISDICTION	CHARGE	FINAL DISPOSITION (acquitted, convicted, etc.)

**11. RELATIVES**

LIST BELOW THE FULL NAMES OF ALL PARENTS, STEP-PARENTS, SIBLINGS, AND SPECIFIED OTHERS. IF DECEASED, INDICATE WITH AN ASTERISK (\*).

FATHER	BIRTH DATE	HOME PHONE	HOME ADDRESS, CITY, STATE, ZIP
FATHER'S EMPLOYER & OCCUPATION		BUSINESS PHONE	BUSINESS ADDRESS, CITY STATE, ZIP

STEP-FATHER	BIRTH DATE	HOME PHONE	HOME ADDRESS, CITY, STATE, ZIP
STEP-FATHER'S EMPLOYER & OCCUPATION		BUSINESS PHONE	BUSINESS ADDRESS, CITY STATE, ZIP

MOTHER	BIRTH DATE	HOME PHONE	HOME ADDRESS, CITY, STATE, ZIP
MOTHER'S EMPLOYER & OCCUPATION		BUSINESS PHONE	BUSINESS ADDRESS, CITY STATE, ZIP

STEP-MOTHER	BIRTH DATE	HOME PHONE	HOME ADDRESS, CITY, STATE, ZIP
STEP-MOTHER'S EMPLOYER & OCCUPATION		BUSINESS PHONE	BUSINESS ADDRESS, CITY STATE, ZIP

SIBLINGS & STEP-SIBLINGS	BIRTH DATE	HOME PHONE	HOME ADDRESS, CITY, STATE, ZIP

**USE THE SPACE BELOW TO LIST SPOUSE/DOMESTIC PARTNER/COHABITANT AND CHILDREN, IF ANY.**

NAME/RELATIONSHIP	BIRTH DATE	HOME PHONE	HOME ADDRESS, CITY, STATE, ZIP

**12. OTHER PERSONS**

**LIST ANY OTHER PERSONS LIVING IN YOUR HOUSEHOLD NOT ALREADY LISTED ELSEWHERE IN THIS PACKET.**

NAME/RELATIONSHIP	BIRTH DATE	HOME PHONE	HOME ADDRESS, CITY, STATE, ZIP

**13. MILITARY STATUS:**

HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES? *IF YES, ATTACH A MEMBER 4 COPY OF YOUR DISCHARGE OR SEPARATION PAPERS (DD214).*

Yes  No

ARE YOU PRESENTLY A MEMBER OF THE U.S. RESERVE OF NATIONAL GUARD?

Yes  No

BRANCH OF SERVICE	COMPONENT	FROM DATE	TO DATE	TYPE OF DISCHARGE & SERVICE NUMBER

**14. EDUCATION**

LIST ALL CIVILIAN AND MILITARY SCHOOLS. LIST MOST CURRENT SCHOOL FIRST. INCLUDE HIGH SCHOOL OR DATE & PLACE OF GED.

FROM DATE	TO DATE	NAME & LOCATION OF SCHOOL	GRADUATED YEAR	DEGREE/DIPLOMA	MAJOR

## 15. PERSONAL PROFILE QUESTIONS

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS BY CHOOSING EITHER YES (Y) OR NO (N). FOR ANY QUESTION TO WHICH YOU ANSWER 'YES', YOU MUST INCLUDE, ON A SUPPLEMENTAL PAGE, A COMPLETE AND DETAILED EXPLANATION.

### General

- Yes No Have you ever had any non-Oregon driver's licenses issued to you? If so, what state(s)?
- Yes No Have you ever been refused an Oregon or non-Oregon driver's license?
- Yes No Have you ever applied for a permit to carry a concealed weapon?
- Yes No Have you ever been suspended or expelled from any junior high, high school, or college?
- Yes No Have you ever had automobile insurance cancelled or denied?
- Yes No Have you ever been placed in a "High Risk" automobile insurance category?
- Yes No Have you ever been notified by DMV that your driver's license was about to be suspended or revoked for any reason?
- Yes No Have you ever been publicly intoxicated?
- Yes No Have you ever driven while under the influence of intoxicants?

### Employment

- Yes No Have you ever applied for any position with the Gresham Police Department prior to this process?
- Yes No Have you ever applied for employment (paid or volunteer) with any other criminal justice agency?
- Yes No Have you ever had any criminal justice agency begin or complete a background investigation on you?
- Yes No Have you ever been denied employment (paid or volunteer) by another criminal justice agency?
- Yes No Have you ever been discharged/fired/terminated from any volunteer or employment position?
- Yes No Have you ever resigned to avoid discharge, had a negotiated resignation, or resigned while under suspension or while dismissal proceedings were pending?
- Yes No Have you ever been the subject of a job-related investigation?
- Yes No Have you ever been the subject of a sexual or racial harassment complaint?
- Yes No Have you ever been demoted in a job?
- Yes No Have you ever left/quit a job without giving proper notice?
- Yes No Have you ever been disciplined by an employer?
- Yes No Will any of your past or present employers give you an unfavorable recommendation?
- Yes No Have you ever been informed by a previous employer that you were ineligible for rehire?

### Financial

- Yes No Have you ever received unemployment compensation?
- Yes No Have you ever sued anyone or been sued by anyone?
- Yes No Have you ever had a judgment rendered against you?
- Yes No Have you ever filed for bankruptcy or been declared bankrupt?
- Yes No Have you ever had any of your property repossessed?
- Yes No Have you ever had a debt turned over to a collection agency?
- Yes No Have you ever had your wages garnished?
- Yes No Have you ever been delinquent in paying any of your taxes?
- Yes No Have you ever failed to file a federal income tax return as required?
- Yes No Have you ever avoided paying any lawful debt by moving?
- Yes No Have you ever failed to support any child of yours?
- Yes No Have you ever failed to fully repay a student loan?

- Yes No Are there any pending civil actions against you?
- Yes No Have you ever filed a false insurance claim?
- Yes 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?

**Criminal**

- Yes No Have you ever been convicted of a crime, or a criminal offense treated as a violation?
- Yes No Have you ever been given an eviction notice?
- Yes No Have you ever been asked to take a polygraph examination?
- Yes No Have you ever failed a polygraph examination?
- Yes No Have you ever filed a false police report?
- Yes No Have you ever been arrested or detained for shoplifting?
- Yes No Have you ever been in the presence of anyone using illegal drugs in the last five years?
- Yes No Are you a current user of illegal drugs?
- Yes No Have you ever used an illegal drug (including marijuana)?
- Yes No Have you used an illegal drug in the past five years?
- Yes No Have you ever knowingly allowed anyone to possess or use illegal drugs in your home or vehicle within the last five years?
- Yes No Have you ever unlawfully (due to your age) possessed or consumed alcoholic beverages or tobacco?
- Yes No Have you ever, since you reached 18 years of age, struck or injured a person?
- Yes No Have you ever disciplined a child in a manner that caused bruises or injury?
- Yes No Have you ever furnished alcohol to a minor or knowingly allowed minors to consume alcohol on premises under your control?
- Yes No Have you ever been the petitioner or the respondent of a civil restraining order or stalking order?
- Yes No Have you ever furnished illegal drugs to anyone?
- Yes No Have you ever been the suspect in any police investigation?
- Yes No Have you ever been charged with a crime?
- Yes No Have you ever had a warrant issued for your arrest?
- Yes No Have you ever been detained, questioned, held on suspicion, fingerprinted, or taken into custody by law enforcement officers for any reason other than traffic violations?
- Yes No Have you ever been placed into a diversion program as the result of an arrest?
- Yes No Have you ever been or are you currently under investigation by any law enforcement agency concerning any alleged violation of the law?
- Yes No Have you ever stolen anything worth more than \$50?
- Yes No Have you ever been the driver or passenger in a vehicle you were not authorized to use (joyriding)?
- Yes No Have you ever been the subject of a federal or state civil rights violation investigation?
- Yes No Have you ever engaged in any sexual contact with any person under 16 years of age, or any person more than three years younger than you?
- Yes No Have you ever committed any sexual crime?
- Yes No Have you ever been or are you now wanted for any reason by any law enforcement agency?
- Yes No Have you ever sold, cultivated, manufactured, transported, or delivered any illegal drug?

**Military – Answer these questions ONLY if you have ever been in the US military or other government service.**

- Yes No Do you currently hold a secret clearance issued by a federal agency?
- Yes No Have you ever had any type of secret clearance denied or revoked?
- Yes No Have you ever performed duties which required certification under a “Human Reliability” or “Personnel Reliability” (PRP) program?
- Yes No Are you registered with the selective service?

- Yes No Have you ever served in any branch of the armed services? (If yes, answer the following questions)
  - Yes No While in the service, were you ever court-martialed?
  - Yes No While in the service, were you ever placed under military arrest?
  - Yes No While in the service, did you ever receive any type of disciplinary action?
  - Yes No While in the service, were you ever reduced in rank or grade?
  - Yes No While in the service, were you ever AWOL or on unauthorized leave?
  - Yes No When you left the service, could you have re-enlisted if you wanted to?

**16. TESTIMONY**

WHY ARE YOU VOLUNTEERING FOR THIS POSITION?

READ THIS STATEMENT AND SIGN WHERE INDICATED **IN THE PRESENCE OF A NOTARY PUBLIC** BEFORE SUBMITTING YOUR APPLICATION PACKET FOR CONSIDERATION.

*I HEARBY SWEAR OR AFFIRM THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR OMISSIONS IN, OR FALSIFICATIONS OF, THE PRECEDING AND ATTACHED SUPPLEMENTAL STATEMENTS AND ANSWERS. I AM AWARE THAT, SHOULD THIS INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS, OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FOR ANY FUTURE POSITION IN THE SERVICE OF THE GRESHAM POLICE DEPARTMENT. I AM ALSO AWARE THAT, IF – AFTER MY ACCEPTANCE FOR VOLUNTEER SERVICE – SUBSEQUENT INVESTIGATION SHOULD DISCLOSE SUCH MISREPRESENTATION, FALSIFICATION, OR OMISSION, I WILL BE SUBJECT TO IMMEDIATE DISMISSAL.*

\_\_\_\_\_  
APPLICANT’S SIGNATURE DATE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY FOR THE STATE OF \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

[seal]



**RELEASE & INDEMNITY AGREEMENT**

I, \_\_\_\_\_, agree to indemnify and hold harmless the City of Gresham, its agents, and employees for all losses, damages, attorney’s fees, costs and expenses paid on account of any bodily injury, property damage, or personal injury arising out of the negligent or intentional conduct of myself or other individuals involved in the Gresham Police Cadet Unit.

I understand that participation in the Gresham Police Cadet Unit is entirely voluntary and will involve moderate physical activity. I acknowledge that reasonable physical capacity is required and agree to participate at my own risk. I also understand that there is a risk of injuries resulting from accidents during my participation. To my knowledge, I am not affected by a physical condition or disability that would prohibit me from safely participating in the Gresham Police Cadet Unit. I also understand that the provisions of the Worker’s Compensation Act are not applicable and if I am injured while participating in any type of Gresham Police Cadet Unit activity, including training exercises, I will not be eligible for worker’s compensation benefits.

I understand that my participation in Gresham Police Cadet Unit activities may include riding in and/or operating City vehicles, including marked patrol vehicles. In consideration for being permitted to ride in and/or operate such vehicles, I release the City of Gresham, its agents, employees, representatives and officials from any claim for injuries and/or damages in any way arising from or connected to such a ride and/or the operation of maintenance of the vehicle.

I understand that my participation in Gresham Police Cadet Unit activities may include training and practical exercises in firearm safety and marksmanship. In consideration for being permitted to participate in such activities, under the supervision of qualified police officers, I release the City of Gresham, its agents, employees, representatives and officials from any claim for injuries and/or damages in any way arising from or connected to such firearms-related activities.

I, the applicant named above, have carefully read and understand this RELEASE & 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 & INDEMNITY AGREEMENT, and I agree to its provisions as they apply to the minor applicant. I further assume full responsibility for the minor applicant’s participation in the Gresham Police Cadet Unit.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE  
(if applicant is under 18 years of age)

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY FOR THE STATE OF \_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_

[seal]



**CONSENT TO PHOTOGRAPH & FINGERPRINT**

**JUVENILE APPLICANTS (UNDER AGE 18) ONLY**

An essential aspect of this application for the Gresham Police Department’s Law Enforcement Explorer Post is to obtain each applicant’s fingerprints and photograph.

The applicant’s fingerprints are needed for identification purposes. Explorers may be needed to secure a crime scene or handle evidence, and their fingerprints must be identifiable in order to be eliminated from suspicion during criminal investigations. Photographs of each applicant are also necessary for identification and security reasons, and they may be used in criminal prosecutions of investigations in which Explorers participate as agents of the Gresham Police Department.

Fingerprints and photographs obtained under this consent will be maintained in a manner consistent with state laws.

Pursuant to Oregon Revised Statutes 419A.250, the Gresham Police Department cannot obtain fingerprints and photographs of juvenile volunteers for the purposes stated above without the consent of both the applicant and a parent or guardian.

Applicants and parents or guardians have the right to refuse to grant such consent. However, refusal to grant consent for fingerprints and photographs of the volunteer applicant may impeded his or her ability to serve as a Gresham Police Explorer.



*JUVENILE APPLICANT and PARENT OR GUARDIAN: Please read the statement below and sign where indicated if you are willing to grant consent as requested above.*

**Although I have been informed that I have the right to refuse to have my fingerprints and photograph taken, I voluntarily consent to have my fingerprints and photograph taken for the purposes described above.**

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE  
(if applicant is under 18 years of age)

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY FOR THE STATE OF \_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_

[seal]





**Pre-Employment Release of Information Authorization**

I am an applicant for employment with the Gresham Police Department. State law and department policy mandates the completion of a comprehensive background investigation to determine if I possess the personal qualities and moral fitness to serve the citizens of the City of Gresham in a law enforcement capacity.

I authorize and direct you, your organization, its officers, agents, and employees to release any and all information which you may possess about me, including information which may be deemed confidential, privileged and/or derogatory in nature, including but not limited to: employment information that may have been sealed as the result of an order or agreement between me and your organization; character reference information; educational records; background investigation files; internal affairs investigation records; and local criminal history information pursuant to state law.

I hereby exonerate, release and discharge you, your organization, its officer's agents, all references and employees from any liability of damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived any rights I may have to review or inspect any information developed in this investigation, so your responses will not be released to me. You may retain a copy of this form for your files. A photocopy of this release is to be considered valid as an original.

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 Pre-Employment Release of Information Authorization, and I agree to its provisions as they apply to the minor applicant.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE  
(if applicant is under 18 years of age)

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
PARENT/GUARDIAN PRINTED NAME

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SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY FOR THE STATE OF \_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_

[seal]

**Supplemental Responses Sheet**