

For Police Department Use Only

Received On:



**Concord Police Department
Cadet Application**

Name: _____ Date Of Birth: ___/___/___
Last First Middle

Address: _____
Number Street Apartment #

City: _____ State: _____ Zip: _____

Telephone: () _____ () _____ () _____
Home Work Cell

Email: _____

Other name(s) you are known by: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

ATTACH A COPY OF YOUR BIRTH CERTIFICATE TO THIS APPLICATION..

Are any relatives employed by or volunteer for the City of Concord? [] Yes [] No
(If yes, please list below.)

Have you ever work for or volunteered for the City of Concord? [] Yes [] No
(If yes, please list below.)

Have you ever been convicted of any crime which resulted in imprisonment, probation, or the payment of a fine or forfeiture or bail of \$50 or more? [] Yes [] No (A "yes" answer does not automatically disqualify you.)

If your answer is "yes", please explain including where, when, and the nature of the crime.

(Note: You do not need to answer "yes" or explain: 1) any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; 2) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to Penal Code section 1203.4; or 3) misdemeanor convictions for marijuana-related offenses that are more than two years old.)

Has your driver's license ever been suspended or revoked? (*California license required for positions which require driving.*)
 Yes No (*If "yes", please explain.*)

Driver's License Number: _____ Expiration Date: _____

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS APPLICATION.

Highest Grade Completed: 8 9 10 11 12 GED College: 1 2 3 4

High School: _____ City: _____

College: _____ City: _____

PLEASE ATTACH THE MOST RECENT COPY OF YOUR GRADES (if applicable), or A COPY OF YOUR DIPLOMA.

Employment Record: Begin with the present or most recent. List any work and/or volunteer experience. Attach additional sheets as necessary.

From: Month/Year	To: Month/Year	Total # months	Exact Title of Position:		
Employer Name:		Phone # ()	Your duties were:		
Street Address:					
City:		State:	Zip:		
Name and Title of Supervisor:					
Reason for Leaving:			Number Supervised:	Salary p/month Starting:	Salary p/month Final:

From: Month/Year	To: Month/Year	Total # months	Exact Title of Position:		
Employer Name:		Phone # ()	Your duties were:		
Street Address:					
City:		State:	Zip:		
Name and Title of Supervisor:					
Reason for Leaving:			Number Supervised:	Salary p/month Starting:	Salary p/month Final:

PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY NUMBER.

May we contact your present employer as to your character, qualifications, etc? Yes No

I hereby certify that all statements made herein or otherwise by me in applying for a volunteer position with the City of Concord are complete, true, and correct. I understand and agree that my misstatement or omission of material fact will result in my immediate rejection as an applicant for a volunteer position or my termination as a volunteer for the City of Concord.

Date: _____ Signature: _____

Official Use Only

Date of Application: _____

Date of Interview: _____

Background Completed On: _____ **By:** _____

Accepted: [] Yes [] No

Notified on: _____ **By:** _____

Application Supplemental

Please answer the following questions. Attach additional sheets if necessary.

Have you ever been dismissed from any employment or volunteer program? [] Yes [] No

If 'yes', please explain below. *Please note that a "yes" does not automatically disqualify you from participating in the Cadet program.*

How did you hear about the Concord Police Department Cadet program?

What is the role of the Concord Police Department in the community?

Why are you interested in the Concord Police Department Cadet program?

What are your goals/expectations in joining the Cadet program?

What qualities/skills will you bring to the Cadet program?

References:

Family Member:

Name:			
Address:			
City:		State:	Zip:
Day Phone:	Night Phone:	Other Phone:	
Email:			
Relationship to you:		# Years Known:	

Friends

Name			
Address:			
City:		State:	Zip:
Day Phone:	Night Phone:	Other Phone:	
Email:			
Relationship to you:		# Years Known:	

Other Reference:

Name:			
Address:			
City:		State:	Zip:
Day Phone:	Night Phone:	Other Phone:	
Email:			
Relationship to you:		# Years Known:	



CONCORD POLICE DEPARTMENT
VOLUNTEER SERVICE AGREEMENT

I, _____, wish to donate my services as a volunteer to the City of Concord for public service purposes. I desire to volunteer under such circumstances and during such times as may be mutually acceptable to the City of Concord and me.

I agree that it is my desire and intention to willingly perform volunteer services for the City of Concord without financial or material compensation of any kind.

I understand that depending on the volunteer assignment, I may be subject to a comprehensive background check and/or a fingerprint criminal record background check through the California Department of Justice. I also understand that the City of Concord may not accept my volunteer services as a result of the information obtained in the background check.

I agree to carry out my volunteer services professionally and to hold as absolutely confidential all privileged and/or sensitive information that I may obtain directly or indirectly while volunteering for the City of Concord. I understand that my volunteer services may be terminated at any time at the sole discretion of the City of Concord.

I understand and agree that in the event that I am injured while performing volunteer services for the City of Concord, I will not be covered under Workers' Compensation. I hereby release the City of Concord, its officers, employees, and agents, from any claims, lawsuits, or actions that I, my heirs, or legal representatives, may have for any personal injury, death and/or property damage I may incur or suffer as a result of, or in any way connected to, my volunteer services. I further agree to assume responsibility for and indemnify the City of Concord for any injury to any person, or damage to their property, caused by me while I am serving as a City of Concord volunteer.

I acknowledge that from time to time, I may be requested by the City of Concord to drive my own personal vehicle while acting as a volunteer. I acknowledge and understand that if I drive my own personal vehicle or a vehicle not provided by the City of Concord, I must provide proof of adequate insurance. I also understand and acknowledge that if I drive my own personal vehicle or a vehicle not owned by the City of Concord and am involved in a vehicular accident that occurs as a result of or is related to my volunteer duties with the City, my personal automobile insurance shall be considered primary insurance and the City's self-insured coverage shall be considered excess coverage in connection with any claims for damages.

I acknowledge that I have read and have had the opportunity to ask questions concerning this Volunteer Service Agreement and that I understand it.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Parent signature if under 18 years of age



AUTHORIZATION / ADVISEMENT

**INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY
OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA – GENERAL WORKS EMPLOYEE**

CANDIDATE NAME:

I fully recognize that under California law, individuals must clearly demonstrate their personal, medical, ethical and psychological fitness to serve as an employee of the Concord Police Department. I further recognize that an employing agency has both a legal and a moral obligation to make every reasonable effort to ensure that any person employed by them will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and criminal background (if any) and psychological fitness, and that such investigation will include contacting persons and/or organizations that have information relating to my fitness. I further understand that this background investigation includes a credit check and that negative credit information may be considered as part of this process. I understand that under the law I am entitled to a copy of the credit report. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have also been informed that because this background investigation is either mandated by law, responses from persons contacted, whether solicited or unsolicited, may enjoy absolute privilege under California Civil Code Section 47.

Therefore, I waive any right that legally I might otherwise possess to review the results of the background investigation described above. I also exonerate, release, and discharge the City of Concord, their officers, employees, representatives, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person.

I have had adequate time to review this form, I understand its meaning and purpose and have been furnished a copy of it pursuant to California Labor Code Section 432.

This release is valid for 120 days from the date of signature.

Dated this _____ day of _____, 20____

U _____
Candidate Signature



**CITY OF CONCORD POLICE DEPARTMENT
1350 GALINDO STREET
CONCORD, CA 94520
925.671.3201**

BACKGROUND INVESTIGATIONS

**RELEASE AUTHORIZATION
EMPLOYMENT INFORMATION – GENERAL WORKS EMPLOYEE**

CANDIDATE NAME:

As an applicant for the position of _____ with the Concord Police Department, my prospective employer is required to conduct an investigation into my fitness to serve in this capacity.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me, including information which may be of a confidential, privileged, and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts, medical and psychological records if I am offered employment with this agency, credit and financial information (pursuant to the Banking Privacy, Investigative Consumer Reporting Agencies Act and the Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300[b][10]), and/or any other information that you possess.

I exonerate, release and discharge you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or in equity, for furnishing the truthful information requested by the bearer of this authorization form.

Truthful responses are protected, even if unsolicited, by the absolute privilege of California Civil Code Section 47.

I have had adequate time to review this form, I understand its meaning and purpose and have been furnished a copy of it pursuant to California Labor Code Section 432.

This release is valid for 120 days from the date of signature.

Dated this _____ day of _____, 20____

In the County of _____ within the State of California.

U _____

Candidate Signature