

# *Marysville Police Department*

## **Police Cadet**

Application / Background Packet



**CADET APPLICATION**  
Marysville Police Department

Please type or print clearly:

Name: \_\_\_\_\_  
*(Last) (First) (Middle)*

Other Names Used: \_\_\_\_\_  
*(Last) (First) (Middle)*

Home Address: \_\_\_\_\_  
*Street City State Zip*

Work Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Contact Numbers: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*(City) (State)*

Marital Status:       SINGLE                       MARRIED                       DIVORCED

Spouse's Name: \_\_\_\_\_

List places of residence for the past ten years:

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**Employment History beginning with most recent or current position:**

Company: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List two Co-Workers: \_\_\_\_\_

\_\_\_\_\_



Company: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List two Co-Workers: \_\_\_\_\_

\_\_\_\_\_



Company: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List two Co-Workers: \_\_\_\_\_

\_\_\_\_\_



Company: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List two Co-Workers: \_\_\_\_\_  
\_\_\_\_\_

.....  
Company: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List two Co-Workers: \_\_\_\_\_  
\_\_\_\_\_

.....  
**List three personal references:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Length and nature of relationship: \_\_\_\_\_

.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Length and nature of relationship: \_\_\_\_\_

\_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Length and nature of relationship: \_\_\_\_\_

\_\_\_\_\_



How did you hear about the Police Cadet Program?

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in joining the Police Cadet Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any volunteer activities or membership in any organizations:

\_\_\_\_\_  
\_\_\_\_\_

PERSONAL HISTORY QUESTIONNAIRE  
Marysville Police Department

Please answer the following questions as completely and accurately as possible:

Have you ever been arrested for or convicted of any crime? If yes, please provide the date, the police agency, and circumstances (exclude traffic violations under \$500):  No  Yes

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Have you even been placed on court probation as an adult? If yes, please explain (when, where, and why):  No  Yes

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Have you ever been required to appear before a juvenile court for an act which would have been a crime if committed by an adult? If yes, please explain (when, where and why):  No  Yes

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Are you now, or have you ever been involved as a plaintiff or defendant in any civil action? If yes, please provide details (when, where, why):  No  Yes

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Have you ever used, sold or been addicted to any illegal drug, controlled substance, prescription medication or marijuana? If yes, please explain:  No  Yes

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Are you and your vehicle currently insured?  YES  NO

Has your license ever been suspended? If yes, please explain:      No    Yes

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Do you have any limitations on your license? If yes, please explain:  No    Yes

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How many traffic tickets have you received in the past three years? \_\_\_\_\_

Is there anything in your background that might disqualify you from becoming a Marysville Police Cadet?  
If yes, please explain:    No    Yes

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I HEREBY GIVE MY UNCONDITIONAL RELEASE TO OBTAIN ANY AND ALL POLICE AND/OR BACKGROUND INFORMATION. THE PRECEDING INFORMATION IN THE CADET APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

**NAME:** \_\_\_\_\_  
(Name clearly printed)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

APPLICANT'S AUTHORIZATION TO  
RELEASE INFORMATION  
Marysville Police Department

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

To Whom It May Concern:

I am an applicant with the Marysville Police Department Cadet Program.

The Marysville Police Department is authorized to inquire into all areas of my background which may affect my suitability to be placed as a Cadet, and they have reason to believe that you may use information relevant to that purpose concerning me.

I hereby authorize you, your organization, and/or persons in your employ to release any information which may be confidential in nature, privileged information, official employment documents, employment performance data, character reference information, education records and transcripts, medical, surgical, psychological and dental records (customarily protected under the Medical Records Act), credit and financial information (customarily protected under the Banking Privacy Fair Credit Reporting Acts) and/or any other information might possess.

I release and hold harmless you, your organization, its officers, agents and assigns from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this or a duplicate of this authorization form.

The bearer of this document is an authorized Cadet background investigator with the Marysville Police Department. I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in the investigation so your responses will be completely confidential. You may retain this form for your files.

A photocopy of this release is to be considered as valid as the original document,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**RELEASE AND HOLD HARMLESS**  
**Marysville Police Department**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I fully recognize that individuals must clearly demonstrate their personal and psychological fitness to become a police Cadet. I further recognize that a police agency has a moral obligation to take every reasonable effort to insure that individuals placed as cadets conform to the very highest standards.

To that end, I understand that Marysville Police Department will conduct an investigation into my personal and psychological fitness, and that such an investigation will include contacting persons and/or organizations that may have information relative to my fitness. I further understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reluctant about furnishing legitimate information concerning me if confidentiality of their information cannot be guaranteed on a permanent basis.

Therefore, I release and hold harmless the city of Marysville Police Department, their officers, agents or assigns, now and in the future from any claim or damage in law or in equity on behalf of myself, my heirs and assigns, for their refusal to make available any and all information contained in the pre-placement personal and psychological history investigation; including but not limited to, the identity or identities of any person(s) and/or organization(s) which may have supplied information in the course of the investigation, as well as the substance of any such information supplied. I hereby waive my right, now and in the future, to examine, review or otherwise discover the contents of this investigation and related documents thereto.

Signed on this day \_\_\_\_ of this month \_\_\_\_ of this year \_\_\_\_, in the City of Marysville, County of Yuba

Signature of person giving informed consent: \_\_\_\_\_

Witnessed by: \_\_\_\_\_



## I.D. CARD INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

SSN #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Please check: Male  Female

Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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TO BE COMPLETED BY POLICE CADET COORDINATOR

Please check appropriate DEPARTMENT:

- |  |   |
|--|---|
| <input type="checkbox"/> CITY HALL               | <input type="checkbox"/> PUBLIC WORKS           |
| <input type="checkbox"/> COUNCIL MEMBER          | <input type="checkbox"/> TREATMENT PLANT        |
| <input type="checkbox"/> FIRE                    | <input type="checkbox"/> EVENT STAFF            |
| <input checked="" type="checkbox"/> POLICE       | <input type="checkbox"/> VENDOR W/NAME & CO.    |
| <input checked="" type="checkbox"/> POLICE CADET | <input type="checkbox"/> VENDOR W/CO. NAME ONLY |
| <input type="checkbox"/> RESERVE POLICE          |   |

**Job Title or Badge #:** (examples: Admin. Assistant I, Volunteer-1111, Police Officer- 111, Reserve Officer- 111, Maintenance Worker I)

Please complete: \_\_\_\_\_ If unknown, check box:

**Employee ID #:** (examples: VO11, ABC01, R011, P01)

Please complete: \_\_\_\_\_ If unknown, check box:

**CITY OF MARYSVILLE  
POLICE DEPARTMENT**

316 6<sup>th</sup> Street ~~P.O. Box 670~~ Marysville, CA 95901

**CADET PROGRAM  
CODE OF CONDUCT**

**As a Marysville Police Cadet, it is my responsibility to:**

Become thoroughly familiar with the Marysville Police Department policies and procedure, both written and verbal.

Respect and protect the confidentiality of all information relating to the City of Marysville.

Be prompt and reliable in reporting for scheduled work and to carry out assignments to the best of my ability. When in doubt, I will seek assistance from authorized department personnel.

Respect and comply with the chain of command and maintain a professional working relationship with all department employees, volunteers and cadets.

Attend all training sessions as scheduled, and to undertake continuing education and to maintain the level of service required by the Marysville Police Department.

Uphold the professional demeanor of law enforcement, specifically the Marysville Police Department, while remaining courteous and helpful at all times.

Maintain a responsible reputation, both on and off duty. To promote a positive image for the City of Marysville

**I have read and understand this Code of Conduct Policy.**

**Cadet:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CITY OF MARYSVILLE  
POLICE DEPARTMENT**

316 6<sup>th</sup> Street ~~P.O. Box 670~~ Marysville, CA 95901

**CADET PROGRAM  
CODE OF ETHICS**

**As a Marysville Police Cadet, I will:**

- Keep my private life unblemished as an example to all.
- Maintain courageous calm in the face of danger, scorn or ridicule.
- Develop self-restraint.
- Be constantly mindful of the welfare of others.
- Be honest in thought and deed in both my personal and official life.
- Be exemplary in obeying the laws of the land and the regulations of the Department.
- Keep confidential anything that I see or hear of a confidential nature, or that which is confided in me in my official capacity, unless revelation is necessary in the performance of my duty.

**I have read and understand this Code of Ethics Policy.**

**Cadet:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CITY OF MARYSVILLE  
POLICE DEPARTMENT**

316 6<sup>th</sup> Street P.O. Box 670 Marysville, CA 95901

**CADET PROGRAM  
CONFIDENTIALITY STATEMENT**

As a Marysville Police Cadet, I understand that I will be exposed to sensitive information. I will remember that official business of the Marysville Police Department is strictly confidential. As a Cadet I may discuss or give official information only to those persons for whom the information is intended, as directed by a supervisor or as required by law. I will not show or divulge the content of any criminal record or investigation in the department to anyone other than authorized persons.

As a Marysville Police Cadet, I will not divulge confidential information, data and/or records from the Department of Justice (DOJ) to any persons other than those authorized. I understand that misuse of confidential information is a misdemeanor offense under California Law. I understand that any Cadet that is responsible for such misuse is subject to immediate dismissal and legal action

**I have read and understand this Confidentiality Policy.**

**Cadet:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CITY OF MARYSVILLE  
POLICE DEPARTMENT**

316 6<sup>th</sup> Street ~~P.O. Box 670~~ Marysville, CA 95901

**STATEMENT OF KNOWLEDGE AND COMPLIANCE**

IN keeping the California Penal Code Section 11166.5, anyone who enters into employment or after January 1, 1985, shall sign a statement as a prerequisite to that employment certifying that he/she has knowledge of the provisions of 11166.5 P.C. and will comply with its provisions.

**STATEMENT**

“Section 11166 of the Penal Code – Duty to Report requires any child care custodian, health practitioner, firefighter, animal control officer, or humane society officer, employee of a child protective agency, or child visitation monitor who has knowledge of, or observes, a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately, or as soon as practicably possible, by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.”

“Child Care Custodian” includes teachers; an instructional aide, a teacher’s aide, or a teacher’s assistant employed by any public or private school, who has been trained in the duties imposed by this article, of the school district has so warranted to the State Department of Education: a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; administrative officers, supervisors of child welfare and attendance, or certified pupil personnel employees of any public or private school; administrators of a public or private day camp; administrators and employees of public or private organizations whose duties require direct contact and supervision of children and who have been trained in the duties imposed by this article; licensees, administrators, and employees of licensed community care or child day care facilities; head start teachers; licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; social workers, probation officers, or administrator or a presenter of, or a counselor in, a child abuse prevention program in any public or private school; a district attorney investigator, inspector, or family support officer unless the investigator, inspector, or officer working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor; or a peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of part 2 of this code, who is not otherwise described in this section.”

“Health practitioner” includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrist, or any other person who is licensed under Division 2 (commencing with section 500) of the Business and Professions Code; marriage, family, and child counselors; emergency medical technicians I or II, paramedics, or other persons certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code; marriage, family, and child counselor trainees as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code; unlicensed marriage, family, and child counselor interns registered under Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease or any other condition; coroners; and paramedics.

“Child visitation monitor” means any person as defined in Section 11165.15.

The signed statements shall be retained by the employer or the court, as the case may be, the cost of printing, distribution, and filing of these statements shall be borne by the employer or the court.

This subdivision is not applicable to persons employed by child protective agencies, public or private youth centers, youth recreation programs, and youth organizations as members of the support staff or maintenance staff and who do not work with, observe, or have knowledge of children as part of their official duties.

(b) on or after January 1<sup>st</sup>, 1986, when a person is issued a state license or certificate to engage in a profession or occupation, the members of which are required to make a report pursuant to Section 11166, the state agency issuing the license or certificate shall send a statement substantially similar to the one contained in subdivision (a) to the person at the same time as it transmits the document indicating licensure or certification to the person.

Failure to comply with the requirements of Penal Code Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine or one thousand dollars (\$1,000), or by both that imprisonment and fine.

#### **CERTIFICATION**

I have read the above statement and understand its meaning. I hereby certify I will comply with the provisions of Penal Code Section 11166, I understand that this signed document will become a permanent part of my personnel file.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



City of Marysville  
DRUG-FREE WORKPLACE POLICY

**Statement of Policy:**

The City of Marysville is committed to providing and maintaining a drug-free workplace consistent with the provisions of the Drug-Free Workplace Act of 1988. Unlawful manufacture, distribution, dispensing, possession of, or use of any controlled substance in City offices or on City property is strictly prohibited, compliance with this prohibition will be subject to disciplinary action up to and including termination.

The City will provide a drug-free awareness program to inform its employees about:

- The dangers of drug abuse in the workplace;
- The city's policy of maintaining a drug-free workplace;
- Drug counseling, rehabilitation, and other employees assistance programs that are available and;
- The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

Any employee who has been convicted of violating any criminal drug statute in the workplace is required to notify the appropriate Department Head within 5 days after such conviction. Within 10 days of receiving such notice of conviction, the City Administrator shall notify the appropriate state agency and other federal funding agencies requiring such notification, as mandated by the Drug-Free Workplace Act of 1988. Within 30 days of receiving notice of such conviction, the City Administrator shall also take one of the following actions with respect to any employee so convicted:

- Initiate disciplinary action and/or require convicted employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.

**Dissemination of Policy:**

To achieve the goals of the City's Drug-Free Policy, and to insure that all employees are aware of the City's official policy regarding a drug-free workplace, the following steps have been implemented:

- Every present employee will be given a copy of the City's Drug-Free Policy.
- The Drug-Free Policy will be discussed periodically at management and other staff meetings.
- All new employees will receive a copy of the City's Drug-Free Policy as part of their initial orientation.

**I have received a copy of the City's Drug-Free Workplace Policy.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CITY OF MARYSVILLE  
POLICE DEPARTMENT**

316 6<sup>th</sup> Street ~~P.O. Box 670~~ Marysville, CA 95901

**CADET AND NON-EMPLOYEE  
DRIVING VERIFICATION**

Please circle "YES" or "NO" if any of the following has occurred **within the past three (3) years:**

Have you had more than two at-fault accidents involving bodily injury or property damage in excess of \$500.00?     **YES / NO**

Have you been convicted of a "hit-and-run" accident?     **YES / NO**

Have you been convicted of homicide or assault arising out of the operation of a vehicle?     **YES / NO**

I have read and understand City Police #28 and #29 regarding Cadet and Non-Employee Driving Standards and Use of Private Vehicles on City Business. I will adhere to all driving standards and procedures and I certify that the above information is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

## **“CADET” AND NON-EMPLOYEE DRIVING STANDARDS**

Cadets and other non-employees whose duties necessitate driving city vehicles in the course of their volunteer activities need to maintain certain acceptable standards. The privilege of driving is granted through the issuance of a license by the Department of Motor Vehicles. Certain proficiencies and physical requirements must be proven prior to the granting of such license. The failure to meet these requirements results in revocation or the non-issuance of such a state license.

In addition, insurance companies have established certain requirements of drivers in order to meet insurability at standard premium rates. Drivers not meeting certain underwriting standards must be placed, if possible, in other more expensive plans. Because of bad driving experience, a financial burden may be placed on the City due to increased insurance costs.

### **POLICY STATEMENT**

As a member of the Northern California Cities Self-Insurance Fund (NCCSIF) Liability Plan, the City is required to institute and enforce the Cadet driving eligibility standards as set forth in this policy and procedure. Failure to meet the standards as outlined in this policy and procedure may subject the City to the provisions of Article XVII, EXPULSION of the Joint Powers Authority agreement.

### **PROCEDURE**

To effectively enforce this policy, the City must ensure the following:

1. All Cadets and non-employees shall be required to read the policy standards and to have acknowledged the reading of same by signing a statement to the fact. Such acknowledgement shall be placed on file.
2. Cadets and non-employees who use city vehicles must continue to meet the established minimum driving standards outlined below.
3. Driving standards shall be enforced consistently and fairly among ALL cadets and non-employees where driving is required or may be required.

## USE OF PRIVATE VEHICLES ON CITY BUSINESS

Employees and Cadets who use their own private vehicles on City business often are compensated for using their vehicles. This is usually the form of a mileage or vehicle allowance. The allowance is to compensate the employee or cadet for the cost of gasoline and oil, wear and tear on the auto, and insurance costs. Insurance coverage for autos is purchased on the basis that the coverage follows the auto. If there is no liability insurance on the auto, the driver of the vehicle has no coverage. If not, the City will likely be held responsible in any third-party liability. In addition, the law in California now requires that motorists be able to show proof of insurance should they be stopped by the CHP.

If the employee or cadet does not receive a mileage or vehicle allowance for the use of his/her vehicle while performing business for the City, it can be assumed the City will become responsible for any loss if there is no insurance on the vehicle.

In both of the above circumstances, it is prudent for the City to require proof of automobile insurance coverage prior to allowing an employee or cadet to use a private vehicle on City business.

### **POLICY STATEMENT**

As a member of the Northern California Cities Self-Insurance Fund (NCCSIF) Liability Plan, the City is required to institute and enforce the driving standards and minimum insurance requirements as outlined in this policy and procedure, Failure to meet the standards as outlined in this policy and procedure may subject the City to the provisions of Article XVII, EXPULSION of the Joint Powers Authority agreement.

### **PROCEDURE**

The City shall ensure the following:

1. Employees and cadets using their private vehicles on City business possess a valid California Driver's License to legally operate the class of vehicle used