



OFFICE OF
John Gese

KITSAP COUNTY SHERIFF

614 DIVISION ST. MS-37 • PORT ORCHARD, WASHINGTON 98366 • (360) 337-7101 • FAX 307-9818

CADET RECRUIT APPLICATION

Directions:

- Please read all questions contained in this application carefully.
- Complete the entire application.
- If a specific question contained in this application does not apply to you, please state so.
- Incomplete answers may be grounds for rejection of this application.
- You must attach a copy of your most recent school progress report, grade report, or transcript if still attending school.
 - If graduated from High School your diploma will serve as school verification.

---FOR OFFICIAL USE ONLY---

Date Received: _____

Date Contacted for Oral Board Interview: _____

Date of Oral Board / "Hire Date": _____

Accepted YES or NO

NCIC/WACIC Check: _____

Badge # _____

DOL ADR Check _____

Triple I _____

ILeads _____

Acceptance Checklist

Learning for Life Form Completed

Employee Confidentially Form

Probationary Uniform

L4L turned into BSA

Identification Card

Medical Release

Fingerprinted

Orientation

Emergency Contact Sheet

Security Screening Completed

Copies sent to OPS

Grades Verified (If applicable)



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The purpose of the Kitsap County Sheriff's Cadet Law Enforcement Program is to educate and involve youth in police operations and to interest them in possible law enforcement careers. The program is to provide the youth of Kitsap County an opportunity to observe, learn and participate in various law enforcement activities on a first-hand basis. The program is chartered through the Boy Scouts of America (BSA) in Washington State.

The Cadet Program is a volunteer service organization, functioning under the control and supervision of the Sheriff of Kitsap County. While on duty, the Cadets are under the direct supervision of the designated Cadet Coordinator and when out of uniform, each member will obey the laws of the county and the State of Washington.

The following are minimum requirements for acceptance into the Kitsap County Sheriff's Cadet Program:

1. Must be a resident of Kitsap County or live within a reasonable distance of the county line.
2. Must be able to read, write and speak the English language.
3. Must be between the ages of 16 and 21 years old.
4. Must have the approval of the review board, the Cadet Coordinator and the Sheriff of Kitsap County.
5. Must have and maintain a 2.5 academic G.P.A. if attending school. *Verification of schooling is required prior to acceptance into the Cadet Program.*

Applicants must pass a personal oral board interview with the review board. Applicants accepted after the oral board will be placed into the cadet recruit program and on probation for four months. During probation the review board may dismiss the cadet recruit for any reason.

Completed applications must be returned in person to the Kitsap County Sheriff's Office at:

3951 Randall Way NW
Silverdale, WA 98383

-or-

614 Division Street MS-37
Port Orchard, WA 98366

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Last Name		First Name		Middle Initial
Date of Birth		Race	Sex	Social Security Number
Height	Weight	Eye Color	Hair Color	
Street Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
()	()	()		
Home Phone	Cell Phone	Message Phone		
Do you have any Physical, Mental, sensory, or other health limitation or disability that might affect your ability to perform the job that you are applying for? YES () NO () (If "yes," please explain)				
Do you have any relative working for Kitsap County? YES () NO () Name: _____ Department/Division: _____ Name: _____ Department/Division: _____				
Do you possess a valid Driver's license or Instruction Permit? YES () NO () State: _____ License # _____				
School Attending (or Attended)		Last Grade Completed	Grade Point Average	
Did you graduate from High School or Receive a GED? YES () NO () If yes, Date _____				
Additional Schooling or Training				
Have you previously filed an application with this program? YES () NO () If yes, give the date and results:				
Have you ever served, or are you currently serving in the Armed Forces of the U.S.A.? YES () NO () If yes, please provide the following information: Branch of Service: _____ Highest Rank Held: _____ Date/Location of Discharge: _____ Type of Discharge: _____				
Were you ever court martialled, tried or charged, or were you the subject of a Summary Court, Deck Court, Captain's Mast, company punishment, or any other disciplinary action while a member of the Armed Forces? YES () NO ()				



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If yes, explain:

Are you a member of the Military Reserve or National Guard? YES () NO ()

If yes, give rank, status and organization to which you are assigned.

List any disciplinary action taken against you in the National Guard or other reserve unit.

CRIMINAL HISTORY

Exclude all Traffic Citations. A conviction record will not necessarily disqualify you from acceptance into the Cadet Program.

Have you ever been arrested, charged and/or convicted of a misdemeanor or felony? YES () NO () If yes, give details below:

Crime Charged _____ Police Agency _____

Date: _____ Disposition of Case: _____

DRIVING HISTORY

Have you ever possessed an operator's license or permit issued by any state *other than Washington*? YES () NO ()

State _____ License # _____

Has your license ever been suspended or revoked by the Department of Licensing in any state? YES () NO ()

If yes, specify what state and why:

Has your license been restored? YES () NO ()

Have you ever been refused an operator's license by any state? YES () NO ()

If yes, explain the details:

Has your license ever been placed on negligent operator's probation? YES () NO ()

If so, give the details:

Have you ever been involved in a motor vehicle collision? YES () NO ()

If yes, give complete details for each collision.

Date: _____ Police Investigation? YES () NO ()

Location: _____ Injury / Non-Injury? _____



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Date: _____ Police Investigation? YES () NO ()

Location: _____ Injury / Non-Injury? _____

List ALL traffic citation you have received:

Location (City / State)	Approximate Date	Violation	Penalty / Disposition

WORK HISTORY

(attach additional sheets if necessary)

	()	
Company Name	Phone #	Position Held
	From: _____	To: _____
Supervisor's Name	Dates employed there (Month / Year)	Paid or Volunteer
Reason for leaving		

Description of duties		
	()	
Company Name	Phone #	Position Held
	From: _____	To: _____
Supervisor's Name	Dates employed there (Month / Year)	
Reason for leaving		
Description of duties		

REFERENCES

(REQUIRED)

Name	Occupation	Phone
Name	Occupation	Phone



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Name	Occupation	Phone
Name	Occupation	Phone

How did you hear about this program?

An extensive background check will be completed for each applicant, including, but not limited to; verification of work history, educational and military background, driving history and a criminal warrants check. References may also be contacted. Falsification of any information contained in this application will immediately disqualify the applicant and prevent him/her from applying with the Cadet Program in the future.

Further, if the applicant is accepted into the program and it is later learned that he/she falsified information on their application; the Cadet Coordinator has the option to dismiss them from the post. If dismissed, the person will not be allowed to re-apply in the future.

Any applicant not accepted into the cadet program after the oral board interview may re-apply to the program after 6 months have passed from the date of the oral board interview.

CERTIFICATION



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I hereby certify that all statements made in this application are true and complete and that I understand that any misstatements or material facts will subject me to disqualification or dismissal. I understand that if I am accepted to the Kitsap County Sheriff's Cadet Program, I do so on a voluntary basis without salary and that I will be responsible for purchasing all of the necessary equipment at my own expense, and I will not hold the Kitsap County Sheriff's Office, the Sheriff of Kitsap County (or his designee) or the County Commissioners responsible for injuries while in my performance of duties as a cadet.

Signature in Full _____ Date _____

Witness Signature in Full (required) _____ Date _____

Place signed _____
(City & State or County & State)