



# WEST FARGO POLICE CADETS

*"Preparing to Serve and Protect"*



PLEASE PRINT CLEARLY - APPLICATION MUST BE COMPLETED IN FULL

FULL LEGAL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER (with area code): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVERS LICENSE / PERMIT NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_ GPA: \_\_\_\_\_

MEN'S POLO SHIRT SIZE: \_\_\_\_\_ (Cadets are issued a polo style uniform shirt by the department)

HOW DID YOU LEARN ABOUT THE WEST FARGO POLICE CADETS & WHY YOU ARE INTERESTED IN JOINING THE UNIT?

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PREVIOUS TRAFFIC VIOLATIONS, CITATIONS, & POLICE CONTACTS – INCLUDE JURISDICTION:

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HAVE YOU EVER BEEN ARRESTED, SUSPECTED OF, OR CHARGED WITH A CRIME?

NO  YES

IF YES, PLEASE EXPLAIN & INCLUDE JURISDICTION:

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I request the opportunity to participate in the West Fargo Police Cadets. I further understand that a records and background investigation will be conducted by the West Fargo Police Department. I assure that the above information is true and accurate to the best of my knowledge. Misrepresentation or omission of facts or information may be grounds for rejection of the application and denial of membership or dismissal if already a member.

APPLICANT NAME (PRINTED): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*If under 18 years of age, parent/guardian's signature is required.

PARENT/GUARDIAN NAME (PRINTED): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return application in person, email, or by mail to:

WEST FARGO POLICE CADETS  
C/O WEST FARGO POLICE DEPARTMENT  
800 4<sup>TH</sup> AVE E. SUITE 2  
WEST FARGO, ND 58078

policecadets@westfargond.gov

OFFICIAL USE ONLY
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