

**Elizabethtown Police Department
Cadet Program Application**

NAME

Last _____ First _____ Middle _____

Address _____

Phone Number _____

Operators License Number _____

Date of Birth _____

Education _____

Employment History _____

Criminal History/Traffic Citations _____

Write two paragraphs telling about and why you want to join the Elizabethtown Police Department Cadet Program.

Do you have some form of transportation to meetings of Cadet functions? _____

Signature of Applicant _____ Date _____

Signature of Parent/Guardian, if under age of 18 _____ Date _____