

**Aberdeen Police Department
Explorer Post #13 Application**

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Alternate Phone: (____) _____

Email: _____

Date of Birth: ____/____/____ Social Security Number: _____ - ____ - ____

Place of Birth: _____ Are you a U.S. Citizen: Yes / No
(City) (State) (Country)

Sex: Male / Female Race: _____ Height: _____

Weight: _____ Hair Color: _____ Eye Color: _____

List all addresses where you have lived in the past five years, starting with your present address:

Address	City	State	Date of residency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special skills and abilities you have (i.e. speak a foreign language, etc.):

List the names of every living member of your immediate family, including father, mother, brothers and sisters. Also list any Stepfathers, Stepmothers, and half-brothers and half-sisters.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

List all organizations, clubs, and associations of which you are or have been a member. Also include the name of a contact person and phone number for each group listed.

<u>Group Name</u>	<u>Membership Date</u>	<u>Contact</u>	<u>Phone Number</u>

Are you presently employed? Yes / No (If yes, please proceed to following question)

<u>Employer's Name</u>	<u>Address</u>	<u>Phone</u>	<u>Boss's Name</u>	<u>Your Job Title</u>

List all places at which you were employed during the past three years.

<u>Employer's Name</u>	<u>Address</u>	<u>Phone</u>	<u>Date of Employment</u>	<u>Job Title</u>

Have you ever been discharged or forced to resign from any place of employment? Yes / No
If yes, briefly describe the circumstances of the incident:

Do you object to volunteering your time during nights, weekends and holidays? Yes / No

List all schools you have attended. If you cannot remember, please indicate.

	<u>School Name</u>	<u>City</u>	<u>State</u>	<u>Dates Attended</u>
Grade School:				
Junior High:				
High School:				

Colleges/Universities: (If in the running start program indicate the college you attend)

Have you ever been suspended or expelled from any school, or did any school ever discipline you officially?

Yes / No (If yes, give details):

List your current **overall** GPA: _____ (**Attach a current school transcript with application**)

List any academic awards you have received while attending school:

The following questions deal with criminal history. Answer each question completely and accurately. Any falsifications or misstatements will immediately disqualify you from being considered for membership.

Have you ever been stopped and questioned by police? Yes / No (If yes, give details below)

Have you ever been arrested by police? Yes / No

Charge	Date of Arrest	Police Agency	Disposition of Case

Have you ever been placed on probation? Yes / No (If yes, give details below)

Have you ever been issued an Infraction or Criminal Citation? Yes / No (List below)

Charge	Date	Police Agency	Fine (if applicable)

Have you ever been reported as a missing person or a runaway? Yes / No (If yes, give details)

Have you ever used any type of alcohol, including beer, wine, mixed drinks, etc.? Yes / No
(If yes, describe how often you drink, when you last drank, and circumstances of your drinking)

Have you ever used Marijuana? Yes / No [If yes, give details of your usage(s)]

Have you ever used Ecstasy ("E") or Ketamine ("Special K")? Yes / No
(If yes, describe when you last used, how often you use, and circumstances of your usage)

Have you ever used Methamphetamine, Cocaine, Heroin, etc.? Yes / No
(If yes, describe when you last used, how often you use, and circumstances of your usage)

Have you ever misused a prescription drug? Yes / No

(If yes, describe your usage. Include use of prescriptions not prescribed to you.)

Do you currently possess a valid Washington State Driver's License? Yes / No

If not, do you possess a valid Washington State Driver's Permit? Yes / No

If yes to either above, please provide your license number: _____

Do you have any restrictions on your driver's license? Yes / No (List restrictions below)

Has your driver's license ever been suspended or revoked? Yes / No (If yes, give details)

Have you ever been refused a driver's license by any state? Yes / No (If yes, give details)

Have you ever been operating a vehicle involved in a motor vehicle collision? Yes / No
(If yes, give date, location, injury information, investigating police agency, and collision details)

Describe any physical limitations or ailments that would affect your ability to perform the duties of an active Police Explorer, which may include but are not limited to: running, climbing, lifting, physical contact during training, etc.

Have you ever been committed or referred to a mental hospital? Yes / No
(If yes, please describe reason, dates, locations, and outcome)

List the name and business of your family doctor, including address and phone number:

Name: _____

Office Name: _____

Address: _____

*** Please note that if you are offered membership to the Aberdeen Police Explorers, you will be required to see your doctor for a physical exam and provide written permission from your doctor that you are physically fit to participate in this program.**

List four personal references that are not employers or relatives. If you are currently attending high school or college, at least one reference listed must be a teacher or school counselor. Feel free to attach letters of recommendation from any of the listed references or letters from any additional references.

1) Name: _____
Address: _____
Phone: _____ I have known the reference: _____
How do you know the reference: _____

2) Name: _____
Address: _____
Phone: _____ I have known the reference: _____
How do you know the reference: _____

3) Name: _____
Address: _____
Phone: _____ I have known the reference: _____
How do you know the reference: _____

4) Name: _____
Address: _____
Phone: _____ I have known the reference: _____
How do you know the reference: _____

Attach an essay to the application, typed, double-spaced, not to exceed 500 words stating why you wish to become an Aberdeen Police Explorer. Include your current occupational and schooling plans.

I hereby acknowledge I have fully read and truthfully completed this application. I understand my application may be viewed by members of the Aberdeen Police Explorers and others deemed necessary. I further understand any falsification on this application will result in immediate removal from membership consideration. I also understand that if accepted I will be required to sign a hold harmless agreement, a Hepatitis shot declination form, and medical permission form **(If you are under 18 your parent/guardian must also sign the bottom of this application).**

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Aberdeen Police Explorer Background Waiver

I, _____ born on _____
(Last) (First) (Middle) (Month) (Day) (Year)
do hereby give my permission to the Aberdeen Police Department and officers there-of my permission on this _____ day of _____, _____ to check my name through the following police agencies and computer terminals: Aberdeen Police Department, Hoquiam Police Department, Grays Harbor County Sheriff's Department, Washington State Crime Information Center and the National Crime Information Center. This is for the purpose of checking my background for entrance to the Aberdeen Police Department Explorer Post. I also hereby give my permission to the Aberdeen Police Department and all officers there-of, to check any and all references listed on the attached application for membership to the Aberdeen Police Department Explorer Post, including my personal physician and employer/employment records. I also hereby give my permission to the Aberdeen Police Department and all officers there-of, to check my schooling records and consult with all school administrators and teachers for the purpose of the background investigation.

Signed: _____ Date: _____

If applicant is under the age of 18 years of age, this form must be read and signed by both parents or legal guardians, unless there is only one parent or legal guardian in the home.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____