

APPLICATION FOR ENROLLMENT TO *LAW ENFORCEMENT EXPLORER POST #101*



SPONSORED BY

Torrington Police Department

NAME (PRINT)

DATE

Registration Fee Paid _____ Check # _____ Cash _____

APPLICATIONS MAY BE TURNED IN AT TORRINGTON POLICE DEPARTMENT

LAW ENFORCEMENT EXPLORER POST #101

**576 Main Street
Torrington, CT 06790
860-489-2007**

**Torrington Police Department
Law Enforcement Explorer Post 101
Application**

Date of Application _____

NAME: _____ Date of birth: _____ Age: _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip)

Home Phone _____ Work Phone _____ Other _____

Applicant Email Address: _____

Sex _____ Race _____ Place of Birth _____ U.S. Citizen? Yes _____ No _____

How did you find out about Explorers? _____

SCHOOL INFORMATION

School _____ Grade _____ GPA _____
(CURRENT OR LAST SCHOOL ATTENDED)

Counselor _____ Phone Number _____

EMPLOYMENT INFORMATION

Employer _____ Phone Number _____
(List business name and current supervisor)

Address _____
(Number) (Street) (City) (State) (Zip)

LIST TWO PERSONAL REFERENCES: (OTHER THAN RELATIVES) State your relationship to them.

1. NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

2. NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

PARENT(s) /GUARDIAN INFORMATION

Which parent/guardian do you live with? (Circle one) MOTHER FATHER BOTH GUARDIAN

MOTHER'S NAME _____ DAY TIME PHONE _____

ADDRESS _____

FATHER'S NAME _____ DAY TIME PHONE _____

ADDRESS _____

GUARDIAN'S NAME _____ DAY TIME PHONE _____

ADDRESS _____

The information in this packet is accurate to the best of my knowledge _____
(Applicant's signature)

This information has been reviewed and verified by _____
(Parent's/guardian's signature required if under 18 yrs of age)

Adult(s) e-mail address _____

BACKGROUND INFORMATION

DO YOU POSSES A VALID DRIVERS LICENSE? _____ (if yes the following must be completed.)

STATE _____ NUMBER _____ TYPE _____ EXPIRATION DATE _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? ____ IF YES, GIVE DATE _____

REASON _____

DO YOU OWN A VEHICLE? _____ YEAR _____ MAKE _____ MODEL _____

VEHICLE LICENSE NUMBER _____

LIST ALL TRAFFIC TICKETS YOU HAVE RECEIVED (USE BACK OF PAGE IF NECESSARY)

MONTH/YEAR	CHARGE	LOCATION	DISPOSITION
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_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT (AS A DRIVER)? _____ IF YES, GIVE ALL
DATES AND LOCATIONS

BACKGROUD INFORMATION

Continued

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? _____ IF YES EXPLAIN:

HAVE YOU EVER SKIPPED CLASS? _____ If yes, explain _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ACCEPTED A PLEA BARGIN? _____

If yes please complete the following (list juvenile as well as adult records) - list any additional information on the back

OFFENSE	CITY	DATE	DISPOSITION
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HAVE YOU EVER COMMITTED OR BEEN INVOLVED IN A CRIMINAL OFFENSE FOR WHICH YOU WERE NOT ARRESTED OR CHARGED? _____ If yes, explain _____

If you are under the age of 18, do you use tobacco? _____ If yes explain?

If you are under the age of 21, do you consume alcoholic beverages? _____ If yes explain?:

Why do you want to become an Explorer? _____

What are your career goals at this point? _____

BACKGROUND INFORMATION

Continued

Will your parents support your involvement in this program? _____

Are you willing and able to attend the weekly meetings on Wednesdays from 6:30-8:30 P.M.? _____

Are you willing and able to participate in monthly community service projects? _____

List any community service organizations, social, school or other groups that you are now a part of or have been a member of:

List any members of Law Enforcement Explorer Post 101 or local law enforcement agencies whom you know personally or to whom you are related. Please state the name and relationship to you:

The information in this packet is accurate to the best of my knowledge _____
(Applicant's signature)

This information has been reviewed and verified by _____
(Parent's/Guardian's signature required if under 18 yrs of age)

RELEASE OF INFORMATION

APPLICANTS PLEASE READ AND SIGN THE FOLLOWING

By signing this authorization, I understand that I hereby give my consent for a thorough Background Check, which includes school records state and local law enforcement records and the National Crime Information Computer (NCIC). I authorize the following persons to release any and all information about me to the Explorer Advisor conducting my background investigation:

Teachers, Principals, School Counselors and other school officials, past and present

Employers and co-workers, past and present

My personal references

Any other person who may have information about me

I understand that withholding information requested on this application or giving false information may result in my ineligibility for acceptance by the Torrington Police Explorer Post #101, or subject to dismissal at any time. With this in mind, I certify that the above applicant information is correct and complete.

If accepted, I agree to abide by the policies, rules, and regulations of both the Explorer Post and the Torrington Police Department. By signing this, I also understand that it is my responsibility to read and know the written policies, rules and regulations that are supplied to me, and that willfully or knowingly disobeying these orders will lead to disciplinary action or dismissal.

Applicant Signature

Date

Parent Signature

Date

(Parent's/ Guardian's signature if applicant is under 18)