



Highlands Police Explorer Post 1900 Membership Application

Thank you for your interest in becoming a Police Explorer / Cadet with Explorer Post 1900.

Please fill out the attached application in its entirety.

Please print neatly or type.

Please be honest.

Please keep the application neat and free of stains or wrinkles.

Once completed, please return the application to the Highlands Police Department.

Any application that is returned not completely filled out, unreadable, OR in poor condition shall be denied acceptance into the program. The applicant will not be able to re-apply to Highlands Police Explorer Post for a minimum of 90 days from the date of denial.

Highlands Police Department
Police Explorer Program

APPLICATION FOR MEMBERSHIP

Explorer / Cadet (Please circle)

DATE: ____ - ____ - ____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP)

HOME PHONE #: _____ CELL PHONE #: _____

MOTHERS PHONE _____ FATHER PHONE _____

E-MAIL ADDRESS: _____ SSN: _____

DATE OF BIRTH: ____ - ____ - ____ PLACE OF BIRTH _____
(CITY) (STATE)

AGE: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

LIST YOUR FATHER, MOTHER, BROTHERS AND SISTERS:

RELATION	NAME	ADDRESS	OCCUPATION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>EDUCATION</u>	SCHOOL NAME	ADDRESS	DATES ATTENDED
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GRAMMER	_____	_____	_____
MIDDLE	_____	_____	_____
HIGH	_____	_____	_____

HOW ARE YOUR GRADES: Poor Average Good Excellent

EMPLOYMENT

PRESENT EMPLOYER _____

ADDRESS AND PHONE NUMBER _____

POSITION: _____

MANAGER/SUPERVISOR NAME: _____

PREVIOUS EMPLOYMENT

FROM MONTH/YEAR	TO MONTH/YEAR	EMPLOYER	ADDRESS/PHONE
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RESIDENCE:

IN CHRONOLOGICAL ORGER, STATE EACH AND EVERY PLACE IN WHICH YOU HAVE RESIDED

FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS
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ARRESTS, SUMMONSES, ECT.

HAVE YOU EVER BEEN ARRESTED? _____

IF "YES", GIVE DATE AND CITY OF ARREST, REASON FOR ARREST AND DISPOSITION OF CASE:

HAVE YOU EVER RECEIVED A SUMMONS FOR AN OFFENSE (INCLUDING MOTOR VEHICLE/DRIVING)? _____

IF "YES", GIVE DATE AND CITY OF SUMMONS, REASON FOR SUMMONS AND DISPOSITION OF CASE: _____

LIST ALL ACADEMIC, ATHLETIC, SOCIAL, LABOR OR FRATERNAL MEMBERSHIPS, PAST AND PRESENT:

ARE YOU A, PRESENT OR FORMER MEMBER, OF A FIRST AID SQUAD, FIRE DEPARTMENT OR EXPLORER POST? _____

IF "YES" NAME AND LENGTH OF MEMBERSHIP:

ELECTED POSITIONS:

POSITION

DATES SERVED

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY FIRST AID SQUAD, FIRE DEPARTMENT, OR EXPLORER POST IN THE PAST?

_____ IF YES, WHAT ORGANIZATION AND WHY?

WHY DO YOU WANT TO BECOME A POLICE EXPLORER?

ARE YOU INTERESTED IN PURSUING A CAREER IN LAW ENFORCEMENT? _____

HOW DID YOU FIND OUT ABOUT THE POLICE EXPLORERS?

REFERENCES: (OTHER THAN MEMBERS OF YOUR FAMILY)

NAME: _____

OCCUPATION: _____

ADDRESS: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

OCCUPATION: _____

ADDRESS: _____

ADDRESS: _____

PHONE NUMBER: _____

I understand that any misrepresentation of the facts set forth in this application will result in cancellation of my request for any consideration of appointment as a Police Explorer in the Borough of Highlands.

Signature of Applicant

Date

I hereby authorize the release of any criminal, juvenile, medical, school and financial record information maintained by any agency to the Borough of Highlands Police Department for the express purpose of processing this application for the Police Explorer / Cadet appointment.

Signature if Applicant

Signature of Parent/Legal Guardian
If applicant in under 18 years old.

Printed name of Parent/Legal Guardian
If applicant is under 18 years old.

Date

FOR OFFICE USE ONLY

DATE RECEIVED: _____

BACKGROUND CHECK CONDUCTED BY: _____

APPROVED / DENIED -

DATE _____