



EXPLORER PROGRAM APPLICATION

Please type or print clearly. Do not leave any field blank. Enter "N/A" if not applicable.

Position Applying For: Murrieta Police Department Explorer			
Last Name		First Name	Middle Name
Date of Birth and Age		Social Security Number	Date of Application
Home Address		City and State	Zip Code
Home Phone (with area code)		Cell Phone (with area code)	Email Address
Place of Birth (City and State)		Sex	Race
Height	Weight	Hair Color	Eye Color
List any scars, marks or tattoos			
Do you have a valid driver's license? () Yes () NO		If yes, in which state was it issued?	
Driver's License #		Date of Expiration	

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from service. **I understand that the Murrieta Police Department is a drug-free workplace and that all Explorers must be drug-free.**

I understand that this application is the property of the Murrieta Police Department and information contained herein is public record. I am also attesting that I understand and meet all of the minimum requirements of the position I am applying for as stated on the job announcement.

Print Applicant's full name **Signature** **Date**

Print Parent/Guardian's full name **Signature** **Date**

Parent/Guardian

Father's/Guardian's Name	
Home Address	City, State, Zip Code
Home Phone (with area code)	Cell Phone (with area code)
Place of Employment	Work Phone (with area code)

Mother's/Guardian's Name	
Home Address	City, State, Zip Code
Home Phone (with area code)	Cell Phone (with area code)
Place of Employment	Work Phone (with area code)

Emergency Contact Information

In the event of an emergency and the parent/guardian is unavailable, please list two individuals to be contacted.

#1 - Emergency Contact Name	
Home Address	City, State, Zip Code
Home Phone (with area code)	Cell Phone (with area code)
Relationship	Work Phone (with area code)

#2 - Emergency Contact Name	
Home Address	City, State, Zip Code
Home Phone (with area code)	Cell Phone (with area code)
Relationship	Work Phone (with area code)

Applicants Name: _____
Last/First

School Information

Are you currently enrolled in school? () Yes () No	If you have graduated, provide the year
Name of School	School Phone Number (with area code)
Current Grade Level	What is your GPA? School GPA Verification: _____ Name and Phone Number of School Employee Providing the GPA
List any clubs or organizations of which you are a member or activities in which you participate	

Employment

Please list all full-time and part-time work experience you have.

Are you currently employed? If Yes, please complete this section () Yes () No	Title of Position
Employer	Supervisor's Name
Employer's Address	Supervisor's Phone Number

Previous Employment Start Date: End Date:	Title of Position
Employer	Supervisor's Name
Employer's Address	Supervisor's Phone Number

Previous Employment Start Date: End Date:	Title of Position
Employer	Supervisor's Name
Employer's Address	Supervisor's Phone Number
Employer's Address	Supervisor's Phone Number

Applicants Name: _____
Last/First

Personal References

Please list four personal references (no relatives)

#1 – Name	
Home Address:	City, State, Zip Code
Home Phone (with area code)	Cell Phone (with area code)
Length of Time Known:	

#2 – Name	
Home Address:	City, State, Zip Code
Home Phone (with area code)	Cell Phone (with area code)
Length of Time Known:	

#3 – Name	
Home Address:	City, State, Zip Code
Home Phone (with area code)	Cell Phone (with area code)
Length of Time Known:	

#4 – Name	
Home Address:	City, State, Zip Code
Home Phone (with area code)	Cell Phone (with area code)
Length of Time Known:	

Applicants Name: _____
Last/First

Please answer the following four questions by circling the appropriate response. If you answer yes to any of the questions, make sure to provide detailed information in the corresponding box.

Controlled Substance/Drug Use

1. Have you ever illegally used drugs or controlled substances? Yes No

2. Do you now or have you ever illegally possessed, supplied, or sold any drugs or controlled substances? Yes No

If you answered yes to one or both questions above, provide details below:

Name of Drug/Controlled Substance	First Used on (Month/Year)	Last Used on (Month/Year)	Total Times Used

Criminal History

3. Have you ever been arrested or detained by any law enforcement agency? Yes No

4. Have you ever been convicted of, or have you ever been found to have committed any civil or criminal law violations? Yes No

If you answered yes to one or both questions above, provide details below:

Charge, Law Violation, or Circumstance	Location (City/State)	Detention, Disposition, or Penalty	Date of Office (Month/Year)

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from service.

Print Applicant's full name **Signature** **Date**

Print Parent/Guardian's full name **Signature** **Date**

Applicant's Medical History

Last Name	First Name	Middle Name
Family Physician	Physician Address	Physician Phone Number

Are you now, or have you ever been, subject to (please answer yes or no):

Asthma _____ Fainting Spells _____ Convulsions _____
 Diabetes _____ Heart Trouble _____ Bleeding Disorders _____

Allergy(ies) to any medication, food, plant, insect bite or other material or substance _____

If you answered yes to the above, please explain:

Are you taking any medication? () yes () no

If you answered yes to the above, please explain:

Are there any restrictions placed on you for any reason, including medical? () yes () no

If you answered yes to the above, please explain:

Applicants / Parental Authorization for Medical Treatment

This medical history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel and/or physician, selected by the adult leader in charge, to treat my son/daughter (listed applicant) for any medical or surgical emergency as deemed necessary by medical personnel and/or physician.

Applicants Name (print)	Signature	Date
Parent / Guardian name (print)	Signature	Date
Home phone (w/area code)	Work phone (w/area code)	Cell phone (w/area code)