

HOW DID YOU FIND OUT ABOUT THE EXPLORER POST?

LIST TWO REFERENCES OTHER THAN IMMEDIATE FAMILY:

NAME: _____
Last First

OCCUPATION: _____ CONTACT # () _____
Home or Work? Please Circle One

NAME: _____
Last First

OCCUPATION: _____ CONTACT # () _____
Home or Work? Please Circle One

PLEASE LIST WHAT YOUR TYPICAL WORK WEEK WOULD BE LIKE:

MON: FROM ___ AM/PM TO ___ AM/PM TUES: FROM ___ AM/PM TO ___ AM/PM
WED: FROM ___ AM/PM TO ___ AM/PM THUR: FROM ___ AM/PM TO ___ AM/PM
FRI: FROM ___ AM/PM TO ___ AM/PM SAT: FROM ___ AM/PM TO ___ AM/PM
SUN: FROM ___ AM/PM TO ___ AM/PM

EMPLOYER: _____ PHONE: _____

IF YOU ARE IN SCHOOL, PLEASE LIST WHAT YOUR TYPICAL SCHOOL SCHEDULE IS:

MON: FROM ___ AM/PM TO ___ AM/PM TUES: FROM ___ AM/PM TO ___ AM/PM
WED: FROM ___ AM/PM TO ___ AM/PM THUR: FROM ___ AM/PM TO ___ AM/PM
FRI: FROM ___ AM/PM TO ___ AM/PM SAT: FROM ___ AM/PM TO ___ AM/PM
SUN: FROM ___ AM/PM TO ___ AM/PM

WHY DO YOU WISH TO JOIN THE EXPLORER POST?

Please write a response of at least 100 words on a separate piece of paper and submit it with this application form.

YOU MUST RETURN THE ATTACHED BACKGROUND RELEASE FORM WITH YOUR APPLICATION.

ALL APPLICANTS MUST SUBMIT A COPY OF THEIR HIGH SCHOOL TRANSCRIPTS AND COLLEGE TRANSCRIPTS (IF IN COLLEGE) WITH THIS APPLICATION.

I certify that all information contained herein is true and correct to the best of my knowledge.

Signature

Date

AUTHORITY TO RELEASE INFORMATION PURSUANT TO A BACKGROUND INVESTIGATION

I, _____, hereby authorize the release of all my school and employment records and all information, which may concern me, whether that information is of record or not. Such information is to be released to a Police Officer or other authorized representative of the Modesto Police Department pursuant to an official background investigation. You are also authorized to allow the examination and copying of all records and all information, which concerns me.

I, _____, hereby release you, your organization and its employees, and all others, from any liability or damage which may result from furnishing the information requested above, or from use of the said information as requested above.

A photocopy of this authorization, and a photocopy of the information mentioned above shall be considered the same, and as effective and valid as the original document(s).

Please Print Parent/Guardian (if under 18)

Please Print Person making authorization

Signature of Parent or Guardian

Signature of Person making Authorization

Date

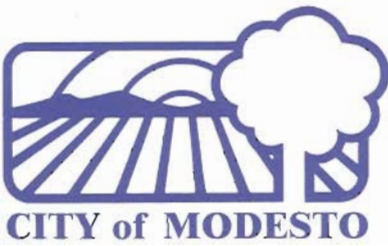
Date

Please Print Witness (if over 18)

Social Security Number

Signature of Witness/Date

Signature of Witness/Date



**Modesto Police
Department**

600 Tenth Street
Modesto, CA 95354
209.572.9500
209.523.4082 Fax

Hearing and Speech
Impaired Only
TDD 209.526.9211

**Administration
Division**

P.O. Box 1746
Modesto, CA 95353
209.572.9501
209.572.9669 Fax

**Investigations
Division**

P.O. Box 1814
Modesto, CA 95353
209.572.9551
209.572.0741 Fax

**Operations
Division**

P.O. Box 3313
Modesto, CA 95353
209.572.9598
209.572.9656 Fax

**Support
Division**

P.O. Box 1746
Modesto, CA 95353
209.572.9519
209.572.9669 Fax

Dear Explorer Applicant:

You recently indicated interest in Law Enforcement Exploring, Post #219. Enclosed is an application for you to complete in detail. In addition, please attach copies of the following documents, as applicable – **copies only, as they will not be returned.**

- Birth Certificate
- Driver's License or Permit
- Proof Auto Insurance
- Social Security Card
- High School Transcripts and Diploma
- 100 Word Essay on "Why I want to be an Explorer"

Please complete the enclosed application and waiver forms and return all documents to:

Officer Christensen, Lead Explorer Advisor
Modesto Police Department
P.O. Box 1746
Modesto, CA 95353

Thank you for your interest in law enforcement. I look forward to hearing from you. If you have any questions, please call me at 342-9100 ext. 24852.

Sincerely,

Roy W. Wasden
Chief of Police

Officer Christensen
Lead Explorer Advisor



An Internationally Accredited Law Enforcement Agency

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Please Print Parent/Guardian (if under 18)

Please Print Person making authorization

Signature of Parent or Guardian

Signature of Person making Authorization

Date

Date

Please Print Witness (if over 18)

Social Security Number

Signature of Witness/Date

Signature of Witness/Date

Drug Use Questionnaire

Have you **EVER**, during your entire lifetime, used, tried, experimented, or in **ANY WAY** ingested into your body:

Substance	No	Yes	Date First Used	Date Last Used	Number of Uses
1. Marijuana					
2. Hashish/Hash Oil					
3. Cocaine/Crack					
4. Barbiturate or any other "downer"					
5. Amphetamines (crosstaps, whites, bennies, uppers)					
6. Methamphetamines (Crank)					
7. Heroin					
8. LSD or other hallucinogen, including mushrooms					
9. PCP (Angel Dust)					
10. Used a pharmaceutical drug prescribed for another					
11. Glue/Toluene					
12. Alcohol					

13. Name any other illegal or controlled substance not listed that you have ingested:

14. Have you or anyone else ever injected an illegal substance into your body?

15. Have you ever sold any illegal substance? If YES, what?

16. Have you ever purchased any illegal or controlled substance other than by a doctor's prescription? _

17. Have you ever transported or held any illegal or controlled substance other than by a doctor's prescription or legitimate Purpose?

18. Have you ever participated in the manufacture, cultivation, or production of any illegal or controlled substance for other than legitimate purposes?

19. Have you ever acted as a middleman, go-between, or "done a favor for a friend" by becoming involved in an illegal drug transaction?

20. Have you ever told anyone else where to purchase drugs? _

21. Is any illegal substance currently in your home or car?

I certify that all the information contained herein is true and correct to the best of my knowledge.

Signature

Date

Personal Information

The following information is requested of you for verification and contact purposes:

1. Your Name (Please print or type)

Last

First

Middle

Other names (including nicknames) you have used or been known by:

2. Address at which you can be contacted

Number

Street

City

State

Zip Code

3. Please list the local telephone number(s) and hours at which you can be contacted:

() _____ - _____

() _____ - _____

() _____ - _____

Hours:

Hours:

Hours:

Personal References

Parent or Guardian:

Name:

Name:

Address:

Telephone:

Relationship:

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of Police Explorer. Inquiries will be confined to job-related matters.

Please list at least three personal references and how each can be contacted:

1. Name:

Address:

Telephone:

Relationship:

2. Name:

Address:

Telephone:

Relationship:

3. Name:

Address:

Telephone:

Relationship:

4. Name:

Address:

Telephone:

Relationship:

5. Name:

Address:

Telephone:

Relationship:

6. Name:

Address:

Telephone:

Relationship: