

BURLESON POLICE LAW ENFORCEMENT EXPLORING PROGRAM



NAME: _____ **DATE:** _____

BURLESON POLICE LAW ENFORCEMENT EXPLORING PROGRAM

QUALIFICATIONS

Applicants for the position of Explorer should meet the following requirements:

1. Applicants must be between 14 and 21 years of age, inclusive of their 14th birthday and up to, but not including, their 21st birthday. If the applicant is 14 years old, they must have completed the 8th grade.
2. Explorers must be of sound mental and physical health, capable of performing tasks and participating in activities consistent with a law enforcement career. Applicants should be in good physical condition for their age and body type.
3. Applicants must have a high school diploma (or GED equivalent) or be currently enrolled in and attending school. After high school graduation, the Explorer must enroll in at least two (2) courses per fall and spring semester at an accredited college, university, trade school, or institution of higher learning.
4. Explorers must maintain a minimum grade of "C" (or 70%) in all enrolled classes.
5. Applicants must possess no physical or mental conditions that would preclude participation in law enforcement activities or impede their ability to pursue a law enforcement career.
6. Applicants must have correctable 20/20 vision and no color vision deficiencies. Correctable vision includes the use of glasses or contact lenses.
7. Applicants must pass a physical examination conducted by a licensed healthcare practitioner and documented on the Explorer Medical Evaluation form. This evaluation must certify the applicant's fitness to participate in Explorer activities, including the Ride-Along program.
8. Applicants must not have any record of arrest or conviction for offenses classified as a Class B misdemeanor or higher, or for certain Class C misdemeanors involving moral turpitude.
9. Applicants must have no more than three moving traffic violations or accidents within the past 24 months.
10. Applicants under the age of 18 must provide written permission from a parent or legal guardian to participate in the program. Applicants 18 years of age or older are not required to provide this permission.
11. All applicants will undergo a comprehensive background investigation prior to acceptance into Post 4911. This investigation will include, but is not limited to, contact with school officials, neighbors, family members, employers, religious clergy, and personal references.
12. Applicants must not have any history of illegal drug or alcohol use.
13. Applicants must not have been dishonorably dismissed from any Explorer Post.
14. Applicants must not have been terminated from any employment for theft or deceptive practices.
15. Applicants must provide access to their personal social networking accounts (e.g., Facebook.com, Instagram, etc.) for review. Content deemed offensive, vulgar, or reflective of poor character or morality may disqualify the applicant.
16. Applicants must meet all membership requirements of Learning for Life. Participation in the program is open without regard to color, race, religion, gender, sexual orientation, ethnic background, or economic status.
17. Applicants, along with their parent or legal guardian (if applicable), must complete and execute a hold-harmless and release waiver of liability form, a medical evaluation and release form, a Hepatitis B vaccination declination form, and any other required documentation as set forth by Learning for Life.
18. Applicants living in Burleson or attending school within the Burleson Independent School District, or whose parent works for the City of Burleson, can apply. Those outside Burleson can apply if their city does not have an Explorer Post. Applicants who have applied to another Post should provide the name of that Post.
19. Applicants must demonstrate the ability and desire to pursue a future career in civil, military, or public service.

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APPLICATION INSTRUCTIONS

PARENTS DO NOT FILL OUT THIS FORM FOR YOUR CHILD; PLEASE ENCOURAGE YOUR CHILD TO FULLY ANSWER QUESTIONS IN THIS PACKET TO THE BEST OF THEIR ABILITIES.

Instructions: All fields must be completed by typing, except for notary sections, which must be filled out in black or blue ink. If the question does not apply to you, put "N/A" in that space. Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualification for acceptance. Incomplete applications will not be considered.

PERSONAL INFORMATION

Applicant Name: _____ Gender: Male / Female
Last Name / First Name / Middle Name / Suffix (Sr, Jr, III etc.) (Circle One)

Name You Wish To Be Called: _____ U.S. Citizen: Yes / No Ethnicity: _____
(Circle One)

Date of Birth: ____/____/____ Age: _____ Grade Level: _____ School: _____
Month Day Year 9,10,11,12,13,14

Home Address: _____
Street & Apartment # / City / State / Zip Code – No P.O. Boxes

Applicants Home Telephone: (____) _____ Applicants Cellular Number: (____) _____

Applicants Email: _____

Applicants Facebook Account Name/Address: _____

Personal Websites or Blog websites: _____

Place of Birth: _____
City, County, State, Country

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver License Number: _____ State: _____ Class: _____ Expires: _____ Restrictions: _____

Social Security Number: ____-____-____
XXX XXX XXXX

PHOTO IDENTIFICATION

Tape a (cut-out) color photocopy of your driver license, identification card, school id, or a passport photo here.

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FAMILY INFORMATION

Father's Name: _____ Date of Birth: ____/____/____ Ethnicity: _____
Last / First / MI Month Day Year

Home Address: _____
Street & Apartment # / City / State / Zip Code – No P.O. Boxes

Home Telephone: (____) _____ Cell Number: (____) _____ Work Telephone: (____) _____

Current Employer: _____ Job Title: _____

Mother's Name: _____ Date of Birth: ____/____/____ Ethnicity: _____
Last / First / MI Month Day Year

Home Address: _____
Street & Apartment # / City / State / Zip Code – No P.O. Boxes

Home Telephone: (____) _____ Cell Number: (____) _____ Work Telephone: (____) _____

Current Employer: _____ Job Title: _____

Step-Father's Name: _____ Date of Birth: ____/____/____ Ethnicity: _____
Last / First / MI Month Day Year

Home Address: _____
Street & Apartment # / City / State / Zip Code – No P.O. Boxes

Home Telephone: (____) _____ Cell Number: (____) _____ Work Telephone: (____) _____

Current Employer: _____ Job Title: _____

Step-Mother's Name: _____ Date of Birth: ____/____/____ Ethnicity: _____
Last / First / MI Month Day Year

Home Address: _____
Street & Apartment # / City / State / Zip Code – No P.O. Boxes

Home Telephone: (____) _____ Cell Number: (____) _____ Work Telephone: (____) _____

Current Employer: _____ Job Title: _____

Siblings: Place in order by eldest in age. (Examples: brothers, sisters, step-brothers/sisters, adopted brothers/sisters, etc.)

1. _____
Name Relationship Age School/Employer
2. _____
Name Relationship Age School/Employer
3. _____
Name Relationship Age School/Employer
4. _____
Name Relationship Age School/Employer
5. _____
Name Relationship Age School/Employer
6. _____
Name Relationship Age School/Employer
7. _____
Name Relationship Age School/Employer

BURLESON POLICE LAW ENFORCEMENT EXPLORING PROGRAM

EMPLOYMENT INFORMATION

Are you currently employed? Yes / No *(If you answer "No" then skip this page.)*
(circle one)

Current Employer:

Business Name: _____ Your Job Title: _____

Employer's Address: _____
Street / Suite # / City / State / Zip Code

Employer's Main Phone Number: (____) _____ Your hired on date: ____/____/____
Month Year Month Year

Supervisor's Name: _____ Supervisors Direct Phone Number: (____) _____

General Job Description: _____

Previous Employer(s): *(start with the most recent employer, working backwards in time)*

Business Name: _____ Your Job Title: _____

Employer's Address: _____
Street / Suite # / City / State / Zip Code

Employer's Main Phone Number: (____) _____ Your hired on date: ____/____/____ Ending date: ____/____/____
Month Year Month Year Month Year

Supervisor's Name: _____ Supervisors Direct Phone Number: (____) _____

General Job Description: _____

Reason for Leaving: _____

Business Name: _____ Your Job Title: _____

Employer's Address: _____
Street / Suite # / City / State / Zip Code

Employer's Main Phone Number: (____) _____ Your hired on date: ____/____/____ Ending date: ____/____/____
Month Year Month Year Month Year

Supervisor's Name: _____ Supervisors Direct Phone Number: (____) _____

General Job Description: _____

Reason for Leaving: _____

Note: If you have more than two previous employers, include their information in the 'MISCELLANEOUS INFORMATION'

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EDUCATION INFORMATION

What school do you currently attend? (circle one) Burleson High School
Centennial High School
College/University: _____
Other: _____

Have you ever been expelled from school? (circle one) Yes / No

Have you ever been suspended from school? (circle one) Yes / No

Have you ever been sent to an alternative school? (circle one) Yes / No

Have you ever been sent to an in-school suspension? (circle one) Yes / No

Have you ever been put on academic probation? (circle one) Yes / No

If you answered "Yes" to any of the above questions, explain the circumstances for each. Also list when and where it happened.

Have you graduated from high school with a diploma or G.E.D.? (circle one) Yes / No

If you answered "yes" to the previous question, what college/university are you currently enrolled in or will be enrolled in? _____

Are you planning on going to a college/university when you graduate from high school? (circle one) Yes / No

Are you planning on going into the military when you graduate from high school? (circle one) Yes / No

Are you planning on a career in the criminal justice field (Federal, State, Local)? (circle one) Yes / No

Explain (using the lines below) what your possible career plan is.

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DRIVING HISTORY INFORMATION

Do you have or ever had a driver license/permit? (circle one) Yes / No (If you answered "No", skip to next page.)

Driver License Number: _____ State: _____ Class: _____ Expires: _____ Restrictions: _____

List ALL "traffic" related citations/tickets; you have received within the last 24 months: (start with the most recent)

1.	_____	_____	_____	_____	_____
	<i>Date of Charge</i>	<i>Location</i>	<i>Agency</i>	<i>Charge/Violation</i>	<i>Disposition</i>
2.	_____	_____	_____	_____	_____
	<i>Date of Charge</i>	<i>Location</i>	<i>Agency</i>	<i>Charge/Violation</i>	<i>Disposition</i>
3.	_____	_____	_____	_____	_____
	<i>Date of Charge</i>	<i>Location</i>	<i>Agency</i>	<i>Charge/Violation</i>	<i>Disposition</i>
4.	_____	_____	_____	_____	_____
	<i>Date of Charge</i>	<i>Location</i>	<i>Agency</i>	<i>Charge/Violation</i>	<i>Disposition</i>
5.	_____	_____	_____	_____	_____
	<i>Date of Charge</i>	<i>Location</i>	<i>Agency</i>	<i>Charge/Violation</i>	<i>Disposition</i>
6.	_____	_____	_____	_____	_____
	<i>Date of Charge</i>	<i>Location</i>	<i>Agency</i>	<i>Charge/Violation</i>	<i>Disposition</i>
7.	_____	_____	_____	_____	_____
	<i>Date of Charge</i>	<i>Location</i>	<i>Agency</i>	<i>Charge/Violation</i>	<i>Disposition</i>
8.	_____	_____	_____	_____	_____
	<i>Date of Charge</i>	<i>Location</i>	<i>Agency</i>	<i>Charge/Violation</i>	<i>Disposition</i>
9.	_____	_____	_____	_____	_____
	<i>Date of Charge</i>	<i>Location</i>	<i>Agency</i>	<i>Charge/Violation</i>	<i>Disposition</i>

Has your driver license ever been suspended or revoked? (circle one) Yes / No

Have you ever had your auto insurance cancelled/denied by the insurance company? (circle one) Yes / No

Who is your current auto insurance carrier? _____

What is your auto insurance phone number? _____

What is your auto insurance policy number? _____

What is your auto insurance agents name? _____

VEHICLE INFORMATION

Please provide any vehicles you drive/operate or own:

Vehicle 1: _____

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PREVIOUS EXPLORING HISTORY

Have you ever been a member of, or applied to, any other Explorer Post's? (circle one) Yes / No

If you have answered "Yes," list all explorer posts you have been a member of:

1. _____
Post Number Post District Agency Advisor's Name Dates Attended

Reason for leaving: _____

2. _____
Post Number Post District Agency Advisor's Name Dates Attended

Reason for leaving: _____

3. _____
Post Number Post District Agency Advisor's Name Dates Attended

Reason for leaving: _____

4. _____
Post Number Post District Agency Advisor's Name Dates Attended

Reason for leaving: _____

Have you ever been suspended or expelled (kick-out) from an Explorer Post? (circle one) Yes / No

If "Yes," explain in detail the circumstances.

Scouting:

Have you ever been a member of the Boy Scouts or Girl Scouts? (circle one) Yes / No
(If you answered "No" then skip to next page)

1. _____
Troop/Unit Number Council/District Organization Leader/Scoutmasters
Name

_____ *Dates Attended Reason for leaving*

2. _____
Troop/Unit Number Council/District Organization Leader/Scoutmasters
Name

Dates Attended

Reason for leaving

What position(s) within the Troop/Unit have you held: _____

Have you earned the Eagle Scout or Gold Award? (circle one) Yes / No

If you answered "No" then what was highest level achieved? _____

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ORGANIZATIONS/CLUBS

Please list any organizations, clubs, associations, societies or groups you are a member of past or present.
Examples: Student Council, National Honor Society, Criminal Justice/Law Club, Sports Association, Martial Arts group, etc.

1.	Name of Organization	Type of Organization	Office Held(if any)	Dates
2.	Name of Organization	Type of Organization	Office Held(if any)	Dates
3.	Name of Organization	Type of Organization	Office Held(if any)	Dates
4.	Name of Organization	Type of Organization	Office Held(if any)	Dates
5.	Name of Organization	Type of Organization	Office Held(if any)	Dates
6.	Name of Organization	Type of Organization	Office Held(if any)	Dates
7.	Name of Organization	Type of Organization	Office Held(if any)	Dates

Have you ever actively participated in any community service projects? *If yes, give examples:* _____

RELIGIOUS AFFILIATIONS

Do you have a religious or spiritual affiliation that you would like to share? (circle one) Yes / No

If yes, what is your affiliation?: _____

May we contact a religious or spiritual leader for a character reference, if applicable? (circle one) Yes / No

If you answered "Yes", please provide a name and phone number: _____

HOBBIES/ACTIVITIES

Any comments you would like to make concerning your background, or qualifications in relation to the law enforcement explorer program should be noted below.

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REFERENCES

Please list five people that you personally know very well, that would speak to the Post Advisor about you. (Do not use direct family members, relatives, or clergy.) Also, please ensure you have their permission to be contacted about being your reference.

1. _____
First Name, Last Name What's your link with them?

Home Address: Street & Apartment # / City / State / Zip Code

Home Telephone Cell Number Work Telephone

Email Address Occupation Years Known

2. _____
First Name, Last Name What's your link with them?

Home Address: Street & Apartment # / City / State / Zip Code

Home Telephone Cell Number Work Telephone

Email Address Occupation Years Known

3. _____
First Name, Last Name What's your link with them?

Home Address: Street & Apartment # / City / State / Zip Code

Home Telephone Cell Number Work Telephone

Email Address Occupation Years Known

4. _____
First Name, Last Name What's your link with them?

Home Address: Street & Apartment # / City / State / Zip Code

Home Telephone

Cell Number

Work Telephone

Email Address

Occupation

Years Known

5.

First Name, Last Name

What's your link with them?

Home Address: Street & Apartment # / City / State / Zip Code

Home Telephone

Cell Number

Work Telephone

Email Address

Occupation

Years Known

BURLESON POLICE LAW ENFORCEMENT EXPLORING PROGRAM

APPLICATION CERTIFICATE/BACKGROUND AUTHORIZATION

I hereby certify and warrant the answers I have made to each and all of the foregoing questions are true to the best of my knowledge and belief, in order that the officials of the Burleson Police Department may be fully informed as to my personal character and qualifications for the Law Enforcement Explorer Program. I refer to each of my former employers and to any other such person who may have information concerning me. I also authorize any background checks or juvenile records to be disclosed at my request.

As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage or whatsoever nature an account of furnishing such information.

I also understand the importance of providing accurate information and I certify to the accuracy of the foregoing information and that I am in good health and know of no personal physical, behavioral, or mental limitations that would prevent my full participation in the Post activities (unless noted on the medical form).

I acknowledge that any false statement knowingly made or any omission in answering all the application questions is good cause for my removal from eligibility as an explorer with the Burleson Police Department and my result in my discharge from the program. I further acknowledge that I am aware that once submitted, this application and any other records submitted becomes the property of the Burleson Police Department.

Printed Name of Explorer Applicant

Signature of Explorer Applicant

Date

Printed Name of Parent/Guardian

Signature of Parent /Guardian

Date

NOTE: *If the Explorer is under 18 years of age, a natural parent or guardian must agree to this and sign this form. The signature must be witnessed by a notary public.*

****** If there is a custody agreement or court order restricting a parent or guardian from picking up the applicant, a copy of that legal documentation must be included in this background packet. ******

NOTARIZED - CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF TEXAS

§

COUNTY OF _____

Before me, _____ on this day personally appeared _____
(insert notary public name) (insert person's full legal name)

known to me or proved to me on through _____ to be the person whose name is
(insert "Texas drivers license" and the number, example: Texas Driver License #12345678)

subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

PLACE NOTARY SEAL HERE

Given under the hand and seal of office, this ____ day of _____, 20____.

Notary Public Signature: _____ My Commission Expires: _____