## **EXPLORER APPLICATION**

1718 W. 162<sup>nd</sup> Street, Gardena, CA 90247 (310) 217-9600

"Service with pride and professionalism"

# **Exploring**

#### **APPLICANT**

							AFF	LICANI					
Last Name					First Na	ame					Middle Name		
Sex	Height		Weight	Veight Hai		Eyes		Date of Birth			Driver's License Number (If Applicable)		plicable)
Home Address					Ap	t/Unit	City		State		Zip Code	Phone Number	r
Work/School Address					Grade		City		State		Zip Code	Phone Number	ſ
Father or Legal Guardian's Name (Last, First)				Home Ad	e Address							Phone Number	
Work A				Work Ad	ddress							Phone Number	
Mother or Legal Guardian's Name Home A (Last, First)				Home Ad	ddress							Phone Number	
				Work Ade	Work Address							Phone Number	
Vehicle Year/M	Vehicle Year/Make Model			Color			Licens	se Plate Number	Insurance In		nformation		
						nment	on y		ity for o	ur p	rogram. R	eferences c	an be teachers,
counselors, employers, clergy, etc. P. Name (Last, First) Address				F					Pl (	Phone Number Title/Position			
Name (Last, First) Addre			ldress						Pl (	Phone Number Title/Position			
In case of	an emer	gency	nlease	provid				Y INFORM			narent or gu	ıardian(s) l	isted above
In case of an emergency, please prov  Name (Last, First)  Relationship				Address					<u> </u>	Phone Number  ( )			
Physician's Name			Address							Phone Number			
Medical Concer	ns (Allergie	s, Medicat	tions, Spec	cial Needs	s etc.)								
<u> </u>													
POLICE DE	PARTMI	ENT USI	E ONLY									App □ R	ej 🗆
Date Received Interview Date		Date	Background Date			Autobiography Date		Ad	Advisor / Supervis		Supervisor		
Ву	<b>/</b> :		By:			В	y:		By:			/	

ID No.\_\_\_\_\_ GPDE-1-1

#### **BACKGROUND**

Please answer all of the following questions. Yes answers alone may not cause your application to be rejected, however, any **false statements** or **omissions** will result in disqualification from the program.

Have you ever been arrested?	Yes□	No□
Have you ever received a ticket?	Yes□	No□
Have you ever had the police called on you, or had a negative police contact?	Yes□	No□
Have you ever been under the influence of alcohol?	Yes□	No□
Have you ever used or possessed any illegal drugs, including marijuana?	Yes□	No□
Have you ever stolen anything?	Yes□	No□
Have you ever been involved in a physical fight with someone else?	Yes□	No□
Have you ever been suspended from school?	Yes□	No□
Have you ever been a member of a gang, or associated with known gang members?	Yes□	No□
Have you ever committed an act of vandalism?	Yes□	No□
Have you ever been the victim of a crime?	Yes□	No□
Have you been hospitalized in the past 5 years?	Yes□	No□

If you answered yes to <b>any</b> of the questions above, please explain in detail below. Include approximate dates, number of times you engaged in each activity, etc. Attach a separate sheet of paper if needed.



### **AUTHORIZED RELEASE**

I,	, understand that any porti	ion of this application is subject
	of Gardena Police Department, and/or	
Post 142. I acknowledge that	at all of the information contained he	erein will be used solely for the
Explorer post, and for no othe	r purpose. I hereby attest that all of	the information contained herein
is, to	the best of my knowledge, true and	correct.
	Applicant's Signature	-
	Parent/Guardian's Signature	_
	ACKNOWLEDGEMENT	
I hereby acknowledge that	t if I am selected as a member of Gar	rdena Explorer Post 142, my
primary objective will be to	study the field of Law Enforcement	and it's possibilities for career
opportunities. I acknowledge	e that teamwork is a necessary ingred	lient for the success of the post.
I will strive to achieve the ob	pjectives and ideals of the post and de	edicate myself to the support of
good law enforcement. I w	ill maintain myself, both physically a	and mentally as an asset to the
]	Police Department and the communi	ty.
	Applicant's Signature	-
ENFORCES		

Parent/Guardian's Signature