Enclosed you will find an application, background packet, and a medical information form. It is a normal part of the Police Departments procedure to perform checks (records and reference) on the suitability of new Police Explorers due to the sensitivity of the information with which you will be working. If there are questions at any time during the application process do not hesitate to call the Fort Lupton Police Department at 303-857-4011. ALL QUESTIONS MUST BE ANSWERED COMPLETELY, ACCURATELY and the answers must be PRINTED LEGIBLY. If a question does not apply enter N/A in the space provided. Falsification or failure to include information as directed will be considered grounds for non-acceptance. Questions requiring additional information may be placed on the back of the form.

EXPLORER PROGRAM REQUIREMENTS:

1. MUST be between the ages of 14 (and in high school) and 21. (Must apply prior to 20th birthday)
2. MUST be a United States Citizen or legal resident.
3. MUST have and maintain a GPA of C or better. Must provide a copy of your report card
4. MUST pass a background investigation and an oral board interview
5. MUST be able to attend all training sessions.
6. MUST maintain a 70% or higher, cumulative GPA through the Explorer Training Academy.
7. MUST be willing and able to participate in monthly meetings, special police training, community service events, post fundraising activities, and some social activities.
8. MUST maintain a good attendance record for meetings, activities and events.
9. MUST obey and follow the Standard Operating Procedures of the Fort Lupton Police Department Explorer Post.
10. Applicants will be notified by mail or phone when and where to report to the next Recruiting Open House and Police Explorer Applicant testing session.
11. When you turn or mail in your application you must include a photocopy of your government issued birth certificate and government issued photo identification card. If you do not have a government issued identification card a photocopy of a school identification card can be used.
Date of Application _________________

NAME: __________________________________________ Date of birth: ___________ Age: ____________
(Last) (First) (Middle)

Address __________________________________________
(Number) (Street) (City) (State) (Zip)

Home Phone ______________ Work Phone _______________ Cell Phone _______________

Sex ______ Race _______ Place of birth __________________________ E-mail: __________________

HT _______ WT _______ Hair ___________ Eyes ___________ SSN ________________

Please state how you found out about the program __________________________________________

Shirt Size ______ (This information will assist us with ordering Academy uniforms)

SCHOOL INFORMATION

School __________________________________________ Year __________ GPA ____________
(CURRENT OR LAST SCHOOL ATTENDED)

Counselor Phone Number __________________________

EMPLOYMENT INFORMATION

Employer _________________________________________ Phone Number _______________
(List business name and current supervisor)

Address __________________________________________
(Number) (Street) (City) (State) (Zip)

LIST TWO PERSONAL REFERENCES: (OTHER THAN RELATIVES) State your relationship to them.

NAME __________________________________________

PHONE ________________________________

ADDRESS ____________________________________ RELATIONSHIP _________________

NAME __________________________________________

PHONE ________________________________

ADDRESS ____________________________________ RELATIONSHIP _________________
PARENT(s) /GUARDIAN INFORMATION
Which parent/guardian do you live with? (Circle one) MOTHER FATHER BOTH GUARDIAN
MOTHER’S NAME ______________________________ HOME PHONE: ____________________________
ADDRESS ________________________________________ CELL PHONE: ______________
FATHER’S NAME ______________________________ HOME PHONE: ________________________
ADDRESS ________________________________________ CELL PHONE: ______________
GUARDIAN’S NAME ____________________________ HOME PHONE: ________________________
ADDRESS ________________________________________ CELL PHONE: ______________

BACKGROUND INFORMATION
PERSONAL INFORMATION
DO YOU POSSESS A VALID DRIVERS LICENSE? ________ (if yes the following must be completed.)
STATE_________ NUMBER__________ TYPE _______ EXPIRATION DATE _________________
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? ____ IF YES, GIVE DATE __________ REASON:
_________________________________________________________________________________

DO YOU OWN A VEHICLE? _______ YEAR_____ MAKE_________________ MODEL ___________
VEHICLE LICENSE NUMBER __________________________________________________________

LIST ALL TRAFFIC TICKETS YOU HAVE RECEIVED (USE BACK OF PAGE IF NECESSARY)
MONTH/YEAR CHARGE LOCATION & ISSUING AGENCY DISPOSITION
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT (AS A DRIVER)? ________________
IF YES, GIVE ALL DATES AND LOCATIONS:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

HAVE YOU EVER BEEN ARRESTED, ISSUED A CRIMINAL SUMMONS, BEEN CONVICTED OF A CRIME OR
ACCEPTED A PLEA BARGAIN? __________
If yes please complete the following (list juvenile as well as adult records) - list any additional information on the back.

<table>
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HAVE YOU EVER BEEN THE SUBJECT OF A CRIMINAL INVESTIGATION WHERE YOU WERE NOT CHARGED WITH A CRIME? ________ If YES, LIST CRIME AND INVESTIGATING AGENCY:

|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |

Have you ever applied for a position as a Police Explorer with the Fort Lupton Police Department or any other Law Enforcement Agency? ________ If so what agency:

|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |

Have you ever been a Law Enforcement Explorer, volunteer, or employee with any Law Enforcement agency? ________ If so where: ___________________________ Supervisors Name: ___________________________

Do you know any Police Officer, civilian employee or Police Explorer with the Fort Lupton Police Department? ________ If so who: ___________________________ Relationship: ___________________________

GENERAL INFORMATION

If you are under the age of 18, do you use tobacco? ________ If yes explain:

|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |

Have you or do you consume alcoholic beverages? ________ If yes explain when and why you did:

|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |

Have you ever consumed any controlled substance (illegal drugs) or marijuana? ________ If yes, list the drug(s) that you did, the dates that you consumed them and the circumstances.

|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
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|         |      |      |             |

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? IF YES EXPLAIN:

|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
|         |      |      |             |
Why do you want to become a Police Explorer?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If accepted for this program what will be your goals?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you have your parents support in joining? ________________________________

Will you be able to attend the Explorer Academy? __________________________

Are you willing and able to attend the monthly meetings? ________________

Are you willing and able to participate in monthly community service projects?______________

List any community service organizations, social, school or other groups that you are now a part of or have been a member of:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List any courses or training you have taken that you feel would have an effect on the Explorer Program:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

HEALTH HISTORY INFORMATION

This information is optional but will assist the program in insuring the safety of all involved.

This line should ONLY be completed if the applicant or parent/guardian refused to complete the health history information form

Refused to provide information

________________________________________________________________________

(Applicant’s signature or signature of parent’s/guardian’s if under 18 yrs of age)

Do you have any illness or condition that may prevent you from taking part in Explorer Activities?

_____ If yes explain: ____________________________________________________________________

Are you taking any medications on a regular basis _______ If yes please list medication and dosage

Do you wear glasses/contact lenses? __________ Vision without correction
Do you have any hearing impairments? _________ If yes, explain:
__________________________________________________________________________
__________________________________________________________________________

Have you ever been diagnosed with a mental, nervous disorder, or have you ever attempted or threatened suicide? _____ If yes explain:
__________________________________________________________________________

Any restriction of activity for medical reasons?
__________________________________________________________________________

The information in this packet is accurate to the best of my knowledge
__________________________________________________________________________

(Applicant's signature)

This information has been reviewed and verified by _____________________________

(Parent’s/guardian’s signature required if under 18 yrs of age)
Background Check Release Form

I, (your name) ____________________________, Date of Birth ________________ do hereby authorize the City of Fort Lupton Police Department Explorer Program to have access to: any records your agency may have concerning me, my school records, criminal records, driving record, juvenile criminal record and employment records.

I have also included a photocopy of my government issued birth certificate and photo identification with this application.

Date: _____________________

________________________________________

(Signature)

(Parent’s/ Guardian’s signature if applicant is under 18)