



RENO COUNTY SHERIFF & POLICE LAW ENFORCEMENT EXPLORER



APPLICATION

Please complete this application legibly using blue or black ink or typed.

Name _____

Last

First

Middle

Present Address _____

Number

Street

City

State

Zip

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Yes

No

Are you under the age of 21?..... _____

Are you a United States Citizen?..... _____

Are you a high school graduate?..... _____

If out of high school but not a graduate, Do you possess a GED?..... _____

Are you of good moral character?..... _____

Do you have any physical or mental condition which might adversely affect your performance as a law enforcement explorer?..... _____

Have you been convicted or do you have any expunged convictions by any state or the Federal Government of a crime which is a felony or it's equivalent?..... _____

Do you now possess a State of Kansas Driver's License?..... _____

If not, are you willing to obtain a Kansas State Driver's License?..... _____

If accepted, are you willing to live in Reno County and maintain a phone in your home?..... _____

Have you ever applied for this Explorer Unit before?..... _____

If yes, please give date _____

Please Read This Statement Carefully

I certify that the foregoing statements are true and correct to the best of my knowledge. I understand that false or misleading information provided by me on this application may lead to disqualification or termination from the program. I understand that this application does not constitute an employment contract. I also understand that any portion of this application left blank will disqualify this application from consideration.

Signature of Applicant _____

Date _____

Father's Name: _____ Occupation _____

Address (if different from yours) _____

Mother's Name: _____ Occupation _____

Address (if different from yours) _____



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APPLICATION

Full Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone# _____ Social Security# _____

Date of Birth _____ Age _____ Male _____ Female _____

Height _____ Weight _____ Build _____ Hair _____ Eyes _____

Driver's License Number (State of Issue and Number) _____

List any serious injury, illness, surgery or disorder in the past five years: _____

Physician _____ Office Address _____

Phone _____

Birth Marks _____ Scars _____ Tattoos _____

Your Employer _____ Address _____

Phone _____ Supervisor's Name _____

Elementary School _____ City _____ State _____ From _____ To _____

High School _____ City _____ State _____ From _____ To _____

Grade's _____ Graduate _____ Counselors Name _____

College _____ City _____ State _____ From _____ To _____

Major Subject(s) _____ Minor Subject(s) _____ Credit Hours _____

GPA _____

Trade School: Name _____ Place _____

From _____ To _____ Graduate _____



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Previous addresses during past ten years.

Address _____ City _____ State _____ To _____ From _____
Address _____ City _____ State _____ To _____ From _____

List additional addresses on separate sheet.

Have you ever been arrested? Yes _____ No _____ (If yes, attach separate sheet providing date, charge and disposition)

Has any member of your family ever been convicted of a crime or engaged in activities which could compromise your position as an Explorer? Yes _____ No _____ If yes, Explain on separate sheet.

Have you ever committed a crime where some disposition other than legal action was taken? Yes _____ No _____
If yes, explain on separate sheet.

Have you ever belonged to any group or organization which advocated the overthrow of the U.S. Government or any local government by force? Yes _____ No _____ If yes, explain on separate sheet.

Provide names of three responsible persons, not a relative or past employers, who have known you for at least five years, to act as character witnesses:

Name _____ Phone _____
Address _____ City _____ State _____

Name _____ Phone _____
Address _____ City _____ State _____

Name _____ Phone _____
Address _____ City _____ State _____

Explain below, to the best of your ability, why you desire the position of Explorer. Include any experience, training or ability that you believe will aid in qualifying you for this position. Also describe any position you held as leadership or authority:



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Social Security No. _____ Today's Date _____

Your Name _____
Last First Middle

The information requested below will be used to meet federal recording keeping requirements. Your participation is completely voluntary and will in no way affect your acceptance opportunities. Please complete all items that apply to you. Thank you for your cooperation.

Your Birth Date ____/____/____ Sex: Male _____ Female _____

EDUCATION LEVEL (check one)
 Less than high school Some College
 High School/GED Associate's Degree
 Trade School

HANDICAP (check any that apply)
 Ambulatory Mental
 Coordination Sight
 Hearing Speech
 Learning/Psychological Other

RACE or ETHNIC GROUP (check one)
 American Indian Asian/Pacific Islander
 White Hispanic
 African American

MILITARY STATUS (check one if appropriate)
 Active Reserve
 Inactive Reserve
 National Guard

REFERRAL SOURCE (who referred you or how did you find out about the Explorer Post)
 School Counselor Former Explorer
 Friend Walk-In
 Present Explorer Other: Explain _____



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WORK HISTORY - If applies - List employers beginning with latest first. All breaks from employment must be explained. Work addresses - please list city and state.

Employer: _____ From _____ To _____
Address: _____ Phone: _____
Job Title: _____ Supervisor's Name _____
Work Performed _____
Reason For Leaving _____

Employer: _____ From _____ To _____
Address: _____ Phone: _____
Job Title: _____ Supervisor's Name _____
Work Performed _____
Reason For Leaving: _____

Employer: _____ From _____ To _____
Address: _____ Phone: _____
Job Title: _____ Supervisor's Name: _____
Work Performed: _____
Reason For Leaving: _____

Employer: _____ From _____ To _____
Address: _____ Phone: _____
Job Title: _____ Supervisor's Name: _____
Work Performed: _____
Reason For Leaving: _____

BY MY SIGNATURE BELOW I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant: _____ Date: _____



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Date _____

I hereby authorize any former employer, school/college official and/or any other person to release any information, transcript, or records concerning my employment, school activity, character, integrity, grades, ratings, evaluations and any other information to any agent of the Reno County Sheriff's Department or the Hutchinson Police Department.

Signed: _____

Witnessed: _____

Date _____

I hereby certify that there are no willful misrepresentations or falsifications in the above and previous statements and answers to questions. I am aware that, should investigation disclose such misrepresentations or falsifications, my application will be rejected, and I will be disqualified from any future consideration for appointment in the Explorer Program. I further authorize all former employers, acquaintances, officials or other persons given as references to give any information concerning my person, whether such personal information is a matter of record or from personal knowledge. I sign my name below with the clear understanding of all statements within the body of this application, and that the answers to said statements and questions are true to the best of my knowledge.

Signed: _____

Witnessed: _____

Applicants that are less than 18 years of age are required to have one or both of your parent's permission.

I hereby give permission for my son or daughter to join the Explorer Unit.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____