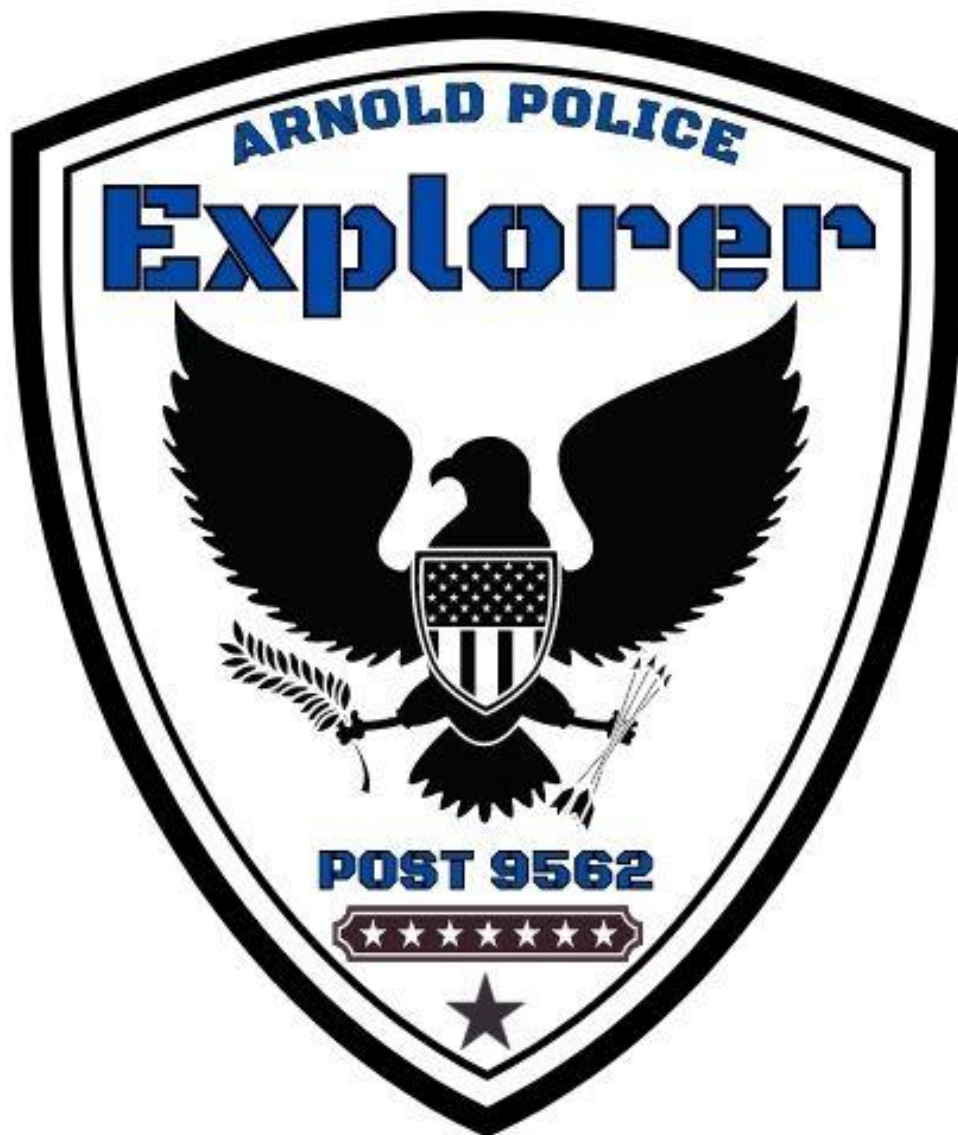


CITY OF ARNOLD, MISSOURI

POLICE EXPLORER PROGRAM

POST 9562

APPLICATION



2101 JEFFCO BLVD.
ARNOLD, MO 63010

PHONE
(636) 296-3204
FAX
(636) 282-2381

CITY OF ARNOLD, MISSOURI
POLICE EXPLORER
PROGRAM
POST 9562



Nature of work:

Explorers receive training on basic Law Enforcement. Explorers may have the opportunity to demonstrate their learned skills while competing against other Explorer Programs throughout the county, state, and/or nation during seminars. The Explorer may participate in the ride-along program (active duty with a Police Officer) upon the approval of the Arnold Police Department within the guidelines of policy and procedures. The Explorers most important task will be to use his/her learned skills to serve their community and its citizens in a positive manner. Explorers must uphold high standards of paramilitary discipline, respect, honor and dedication to excellence in all areas of their lives.

Requirements and Necessary Documents:

To participate in the Explorer Program at the Arnold Police Department, all candidates must:

- 1) Be a United States Citizen or lawful resident alien,
- 2) Reside/live within Jefferson County, MO,
- 3) Be at least fourteen (14) years of age thru twenty one (21) years of age (participants may remain in the program until their 21st birthday),
- 4) If enrolled in school, the Explorer must maintain a 2.0 or higher GPA while in the program,
- 5) Be drug (illegal) free, including alcohol and tobacco (if under 18 years of age),
- 6) Have good moral character as determined by a background check and must not have a criminal or gang background or involvement,
- 7) Provide a copy of his/her birth certificate, photo ID (driver's license if applicable),
- 8) Have and give 100% commitment to attend mandatory bi-monthly meetings and assigned details,
- 9) Have 100% commitment from parents/guardians.

In addition, all candidates should provide a copy of their health insurance card/information, and should have a career interest in Law Enforcement, the criminal justice system, and/or community service related field.

How to apply:

- Applications may be obtained at the Arnold Police Department (2101 Jeffco Blvd. Arnold, MO 63010)

Questions:

- Contact the Arnold Police Department at 636-296-3204
- Officer Joshua Lambrich at 636-282-6610 or jlambrich@arnoldmo.org

The Arnold Police Department is an equal opportunity agency and does not discriminate on the basis of age, citizenship (including citizenship status), race, sex, disability, marital status, national origin, religion, sexual orientation.

Personal Information

Please type or print clearly in black ink. Do not leave any field blank. Enter N/A if not applicable.

Name (First, Middle, Last):			
D.O.B.	Age	SSN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address:		City, State, & Zip Code	
Cell Phone: () -		Work Phone: () -	
Email Address:			
Place of Birth (City & State)		Race:	Sex:
Height:	Weight:	Eye Color:	Hair Color:
Description of any birth marks &/or tattoos:			
Do you have a driver's license?		Driver's License Number:	Class
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="text"/>	<input type="text"/>
State of driver's license:		Date of expiration:	
<input type="text"/>		<input type="text"/>	

If below the legal age of 18, please complete the below listed

Parental Guardian Name (First, Middle, Last):			
D.O.B.	Age	SSN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address:		City, State, & Zip Code	
Cell Phone: () -		Work Phone: () -	
Email Address:			
Parental Guardian Name (First, Middle, Last):			
D.O.B.	Age	SSN	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address:		City, State, & Zip Code	
Cell Phone: () -		Work Phone: () -	
Email Address:			

Employment History

Please list all full time and part time work experience. Start with the most recent related position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Use additional sheets in the same format if necessary.

Business or employer's name:		Title of position:	
Address:		City, State, & Zip Code	
Hours per week:	Total time with employer:	Start date (MM/DD/YY):	End date (MM/DD/YY):
Description of job duties:			
Name/Title of supervisor:		Supervisor's phone number: () -	
Reason for leaving:			

Business or employer's name:		Title of position:	
Address:		City, State, & Zip Code	
Hours per week:	Total time with employer:	Start date (MM/DD/YY):	End date (MM/DD/YY):
Description of job duties:			
Name/Title of supervisor:		Supervisor's phone number: () -	
Reason for leaving:			

Business or employer's name:		Title of position:	
Address:		City, State, & Zip Code	
Hours per week:	Total time with employer:	Start date (MM/DD/YY):	End date (MM/DD/YY):
Description of job duties:			
Name/Title of supervisor:		Supervisor's phone number: () -	
Reason for leaving:			

Business or employer's name:		Title of position:	
Address:		City, State, & Zip Code	
Hours per week:	Total time with employer:	Start date (MM/DD/YY):	End date (MM/DD/YY):
Description of job duties:			
Name/Title of supervisor:		Supervisor's phone number: () -	
Reason for leaving:			

Business or employer's name:		Title of position:	
Address:		City, State, & Zip Code	
Hours per week:	Total time with employer:	Start date (MM/DD/YY):	End date (MM/DD/YY):
Description of job duties:			
Name/Title of supervisor:		Supervisor's phone number: () -	
Reason for leaving:			

Personal Reference

Please provide four personal references. References may not be a family member and all references given must be people that you have known for at least 2 years. References may or may not be contacted during the background investigation process.

Reference #1 Name:	
Mailing Address:	City, State, & Zip Code
Cell Phone: () -	Relationship and years known:

Reference #2 Name:	
Mailing Address:	City, State, & Zip Code
Cell Phone: () -	Relationship and years known:

Reference #3 Name:	
Mailing Address:	City, State, & Zip Code
Cell Phone: () -	Relationship and years known:

Reference #4 Name:	
Mailing Address:	City, State, & Zip Code
Cell Phone: () -	Relationship and years known:

Please answer the following questions by checking the appropriate response. If you answer yes to any of the questions, make sure to provide detailed information in the corresponding box.

Controlled Substance/Drug use

Have you ever illegally used drugs or controlled substances? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain:
Do you now or have you ever illegally possessed, supplied, or sold any drugs or controlled substances? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain:

If you answered yes to one or both of the questions above, provide details below:

Name of drug	Date first used	Date last used	Total time used

Criminal History

Have you ever been arrested or detained by any Law Enforcement agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain:
Have you ever been convicted of, or found to have committed any civil or criminal law violations? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain:

If you answered yes to one or both of the questions above, provide details below:

Charge/Law Violation	Location (City/State)	Date of offense	Disposition/Penalty

Emergency Contact Information

Name (First, Middle, Last):	
Mailing Address:	City, State, & Zip Code
Cell Phone: () -	Work Phone: () -
Relationship	Any additional contact information:

Name (First, Middle, Last):	
Mailing Address:	City, State, & Zip Code
Cell Phone: () -	Work Phone: () -
Relationship	Any additional contact information:

Medical Information

The "Medical Information" section of this application is for the benefit of the Explorer. By informing the Advisors of a pre-existing condition, if such an incident would occur and medical attention is needed the medical staff will know how to properly treat the Explorer. Any allergies to medications may have an impact on the explorer if for some reason medical assistance is required. Giving this information is optional but encouraged for safety purposes. Relating any information below is purely given under free-will to do so. Not providing medical information will not reject the applying explorer from the entry process.

Health Insurance Company:	
Phone Number: () -	Policy Number:

Are you now or have you ever been subject to: (Check any of the following)

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Bleeding Disorder |

List any allergies to food/medication/plant/insect bite/other material substance, and if you take medication for control of the effects.

Allergy:	Medication:

Do you have any condition that may require special care, medication or diet?	YES	NO
If yes, please explain:		
Are you taking any medications?	YES	NO
If yes, please explain:		
Are there any restrictions placed on you for any reason, including medical?	YES	NO
If yes, please explain:		

I solemnly swear and affirm that the answers that I have made to each and all of the questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein will be cause for forfeiture on my part to all right in membership in the Arnold Police Department Explorer Program.

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from the Arnold Explorer Program. I understand that the Arnold Police Department is a drug-free workplace and that all Explorers must be drug-free.

I understand that this application is property of the Arnold Police Department and information contained herein is confidential and will be contained in a secure Explorer file. I am also attesting that I understand and meet all of the minimum requirements of the position I am applying for as stated on the announcement.

Applicant's Printed Name:

Signature:

Date:

As the parent/guardian of the minor child applying for membership, I hereby give my permission for the above child to become a member of the Arnold Police Department Explorer Post 9562.

Parent/Guardian's Printed Name:

Signature:

Date:
