



Application Form

Explorers Receive Training, Respect & Appreciation

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 training seminars. Upon successful completion of the 24 hour's of Basic Training and a passing score on our 10-code test, an Explorer may participate in the ridealong program (active duty with a Police Officer). The Explorers most important job 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 Explorers Program at the Hazelwood Police Department, all candidates must:

- 1. be at least 14 years of age (entering 9th grade), thru 21 years-of-age (participants may remain in the program until their 21st birthday).
- 2. be a United States Citizen or lawful resident alien.
- 3. must have proof of active enrollment in school and maintain a 2.0 or higher GPA while in the program.
- 4. be drug (illegal) free, including alcohol and tobacco (if under 18 years of age).
- 5. have good moral character as determined by a background check and must not have a criminal or gang background or involvement.
- 6. provide a copy of his/her birth certificate, photo ID (driver's license if applicable)
- 7. have and give a 100% commitment to attended mandatory weekly meetings and assigned details.
- 8. have 100% support 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 a community service-related field.

How To Apply

Applications may be obtained at the Hazelwood Police Department, 415 Elm Grove Ln. Hazelwood, MO 63042.

Questions?

Contact the Hazelwood Explorer Post by calling Detective Makil Walker, or Sergeant Tim Benning at (314) 838-5000.

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





Please type or print clearly in black ink. <u>Do not leave any field blank</u>. Enter "n/a" if not applicable.

Referred by (please include the p	e Explorer erson's name ar	nd relationship	to them):		
Last Name:	First Name:			Mid	Idle Name:
D.O.B. and Age:	SSN#:	SSN#:		Dat	te of Application:
Mailing address:	City and Sta	City and State:		Zip Code:	
Home Phone # w/Area Code:	Work Phone	Work Phone # w/Area Code:		Cell Phone # w/Area Code:	
E-mail Address:					
Place of Birth (City, State and Co	ountry):	Race:	Sex:		Height (Feet' and inches"):
Weight:	Eye Color:	Eye Color:		Hai	r Color:
List any scars, marks, and tattoo	os:				
y signing this document, I certify est of my knowledge. I understan r misrepresentation is sufficient c ismissal from service. I understa nat all Explorers must be drug-	d that all inform ause for rejection nd that the Ha	nation is subje on of this appl	ct to investi ication, rem	gatic loval	on and that omission, falsificati of my name from consideratio
understand that this application is erein is public record. I am also a osition I am applying for as stated	ttesting that I u	nderstand and			
rint applicant's full name	Signat	ure	D.O.E	3. or S	SSN# Date
rint parent/guardian's full name	Signatu	ıre	D.O.E	3. or S	SSN# Date





If graduated, provide year?

Education and Training Background

List all education/training which you feel relates to the position for which you are applying. Describe in sufficient detail to demonstrate that you meet the minimum requirements of the position.

High School Information:

Are you currently enrolled in high school?

[] Yes [] No	
Name of high school:	High school phone number (if applicable):
Current grade level in school:	What is your G.P.A.?
List any clubs or activities of which you participate:	
College / University / Trade School Information:	
Are you currently enrolled? [] Yes [] No	If graduated, provide year:
Name of school / college / university:	School phone number (if applicable):
Current Level:	What is your G.P.A.?
Major Course of study?	
List any clubs or activities of which you participate:	
Describe your future educational plans:	
List any and all certifications, qualifications or licenses in any area:	



Description of job duties:

Hazelwood Police Explorer Post 9217



Driver's License Information:

Do you have a driver's licer	nse?] Yes [] No		If yes, in which state was	it issued?
Driver's License #:			Date of expiration:	
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. Describe job duties in sufficient detail to demonstrate that you meet the minimum requirements of the position. Use additional sheets in the same format if necessary.				
Most recent position:				
Title of position:				
Employer:		Employ	er Address:	
Start date (MM/DD/YY):	End date (MM/DD/YY):	Total t	ime with employer:	Hours per week:
Reason for leaving:				
Name/Title of supervisor:		Super	visor's phone number:	



Title of position:

Hazelwood Police Explorer Post 9217



Next most recent position:

Employer:		Employer Address:		
Start date (MM/DD/YY):	End date (MM/DD/YY):	Total time with employer:	Hours per week:	
Reason for leaving:				
Name/Title of supervisor:		Supervisor's phone number:		
Description of job duties:				
Next most recent pos	sition:			
Title of position:				
Employer:		Employer Address:		
Start date (MM/DD/YY):	End date (MM/DD/YY):	Total time with employer:	Hours per week:	
Reason for leaving:				
Name/Title of supervisor:		Supervisor's phone number:		
Description of job duties:				



Name of Drug

Hazelwood Police Explorer Post 9217



No

No

Total time used

Yes

Yes

Date last used

Please answer the following four questions by circling the appropriate response. If you answer yes to anyof the questions, make sure to provide detailed information in the corresponding box.

Controlled	Substance/Drug	Use:
	Oubstance Drug	OSC.

1. Have you ever illegally used drugs or controlled substances?

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

Date first used

2. Do you now or have you ever illegally possessed, supplied, or sold any drugs or controlled substances?

Criminal History:				
3. Have you ever been arre	ested or detained by any la	w enforcement agency?	Yes No	
Have you ever been con committed any	victed of, or have you ever civil or criminal law violatio		Yes No	
If you answered yes to one	e or both questions above, μ	provide details below:		
Charge/Law Violation	Location (City/State) Disposition/Penalty	Date of Office	
By signing this document, I certify that all of the information provided is true and complete to the best of my nowledge. I understand that all information is subject to investigation and that omission, falsification, or nisrepresentation is sufficient cause for rejection of my application, removal of my name from consideration of dismissal from service.				
int applicant's full name	Signature	D.O.B. or SSN#	Date	
int parent/guardian's full name	Signature	D.O.B. or SSN#	Date	





Emergency Contact Information:

Name:	
Home Address:	City, State and Zip Code:
Home Phone Number w/ area code:	Work Phone number w/area code:
Cell Phone Number w/area code:	
Personal References:	
Please provide three personal references. Reference and all references given must have known you for a may not be contacted during the background investi	t least 2 years. References may or
Reference #1 Name:	
Home Address:	City, State and Zip Code:
Home Phone Number w/ area code:	Work Phone number w/area code:
Cell Phone Number w/area code:	Relationship and years known:
Reference #2 Name:	
Home Address:	City, State and Zip Code:
Home Phone Number w/ area code:	Work Phone number w/area code:
Cell Phone Number w/area code:	Relationship and years known:





Reference #3 Name:				
Home Address:		City, State and Zip Code:		
Home Phone Number w/ area code:		Work Phon	Work Phone number w/area code:	
Cell Phone Number w/area code:		Relationship and years known:		
Medical Information				
The "Medical Information" section is for the benefit of the explorer. By informing the Advisors of a pre-existing condition, if such an incident occur and medical attention is needed (i.e. Diabetes, high blood pressure, etc) medical staff will know how to properly treat the explorer. Any allergies to medicines may have an impact on the explorer if for some reason medical assistance if required. Giving this information 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 / Accident Insurance Company:	Phone w/ area coo	de:	Policy Number:	
Are you now or have you ever been subject to (please answer Yes or No):				
Asthma Fainting	Spells		Convulsions	
Diabetes Heart Trouble Bleeding Disorders		eeding Disorders		
Allergies to any medication, food, plant., insect bite, or other material or substance				
If you answered yes to any of the above, pl	lease explain:			





Do you have any condition that ma	ay require special care, medication c	or diet? [] Yes [] No		
If you have answered yes to the al	pove, please explain:			
Are you taking any medication?	[] Yes [] No			
If you have answered yes to the above, please explain:				
Are there any restrictions placed of	n you for any reason, including med	dical? [] Yes [] No		
If you have answered yes to the al	oove, please explain:			
Applicant's / Parental Authorization for Medical Treatment This medical history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an				
emergency, I hereby give permission to medical personnel and/or physician, selected by the adult leader in charge, to treat my son/daughter (listed applicant) for any medical or surgical emergency as deemed necessary by medical personnel and/or physician.				
Applicant's name (print):	Signature:	Date:		
Parent / Guardian name (print):	Signature:	Date:		
Home Phone:	Work Phone:	Cell Phone:		





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 rights to membership in the Hazelwood Police Department Explorer Program.

I hereby authorize the Hazelwood Police Department to verify any and all facts listed on this application and to contact any references I have listed.

Date:	Signature of Applicant:		
	Signature of Parent / Guardian:		
As the parent/guardian of the minor child applying for membership to the Hazelwood Police Department Explorer Program, I hereby give my permission for my child to become a member of the Hazelwood Police Explorer Post 9217.			
Date:	Signature of Parent / Guardian:		
	Driver's License number:	Issuing date:	