



Hazelwood Police Explorer Post 9217



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 ride-along 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.



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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	If graduated, provide year?
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:	



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Driver's License Information:

Do you have a driver's license? [] 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:		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:			



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Next most recent position:

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:			

Next most recent position:

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:			



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

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:



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Reference #3 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:

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 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 / Accident Insurance Company:	Phone w/ area code:	Policy Number:
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Are you now or have you ever been subject to (please answer Yes or No):

Asthma _____ Fainting Spells _____ Convulsions _____

Diabetes _____ Heart Trouble _____ Bleeding Disorders _____

Allergies to any medication, food, plant., insect bite, or other material or substance _____

If you answered yes to any of the above, please explain:

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Do you have any condition that may require special care, medication or diet? [] Yes [] No

If you have answered yes to the above, please explain:

Are you taking any medication? [] Yes [] No

If you have answered yes to the above, please explain:

Are there any restrictions placed on you for any reason, including medical? [] Yes [] No

If you have answered yes to the above, 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:



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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: