



Lacey Police Explorers Applicant Instruction Sheet



As a necessary condition of consideration for membership with the Lacey Police Department Explorers, specific information and documents are required. Failure to provide this information will result in the removal of your application for consideration.

Complete the application in longhand and in black ink and return it to the Lacey Police Department Explorer Advisor with the following:

- ✓ Recent Photograph
- ✓ Photocopy – Washington Drivers License
- ✓ Photocopy – Social Security Card
- ✓ Photocopy – High School Diploma/GED Records *(if applicable)*
- ✓ Notarized Waiver of Liability
- ✓ Notarized Consent to Medical Care

If you wish, you may use the Notary Public at the Lacey Police Department at no charge. Your application will remain on file while a background investigation is conducted. When an opening occurs, you will be contacted within 30 days of background investigation completion.

Thank you for your interest in the Lacey Police Department Explorer Program.



Lacey Police Department Explorer Post Application



Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

Social Security Number: _____ Date of Birth: _____

MM/DD/YYYY

U.S. Citizen? Yes No With whom do you reside? _____

Gender Male Female Height: _____ Weight: _____ Hair: _____ Eyes: _____

Race: White Black Asian/Pacific Islander American Indian/Alaskan Native Unknown

How long have you lived at your current address? _____

Are you currently employed? Yes No If yes, where? _____

Supervisor: _____

Have you ever been terminated from employment? Yes No

If employed, would your employer allow you time off from work to attend emergency Explorer functions?

Yes No

Are you able to donate time on weekends? Yes No

Are you able to donate time on evenings? Yes No

Have you had any First Aid or CPR training? Yes No

Are you currently certified? Yes No

Record of Education

High School attended: _____

Address: _____ City: _____ State: _____ Zip: _____

Last grade completed: _____ Did you graduate? Yes No

G.E.D: _____ Year: _____

Employment Record

Please begin with the most recent or current employment. List all present and past employment for the last 5 (five) years. Use additional paper and attach if necessary.

1. Company Name: _____

Address: _____

Telephone: _____ Dates Employed: _____ to _____

Immediate Supervisor: _____

Duties: _____

Reason for leaving: _____

2. Company Name: _____

Address: _____

Telephone: _____ Dates Employed: _____ to _____

Immediate Supervisor: _____

Duties: _____

Reason for leaving: _____

3. Company Name: _____

Address: _____

Telephone: _____ Dates Employed: _____ to _____

Immediate Supervisor: _____

Duties: _____

Reason for leaving: _____

May we contact the employers listed above? _____

If not, include by number which one(s) you do not wish us to contact and why.

Medical History

Law enforcement work involves the ability to act under stress, run, jump or do emergency lifting and carrying. Do you have any disabilities which may limit your ability to perform such tasks under pressure?

Yes No

If yes, please list: _____

List all major illnesses and operations: _____

Do you wear corrective lenses? Yes No

If yes, what is your corrective vision? _____

Personal History

Please list the names of at least three persons not related to you who may be contacted as references. These people should know your qualifications and should be able to attest to your character, honesty and personal qualities that would make you an asset to the Lacey Police Department Explorer Program. No more than one law enforcement reference, please.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long have you known him/her? _____

Home Phone: _____ Work Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long have you known him/her? _____

Home Phone: _____ Work Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long have you known him/her? _____

Home Phone: _____ Work Phone: _____

List any special training you have attended: _____

Have you ever been stopped or questioned by law enforcement? Yes No

If yes, please give circumstances: _____

Have you ever been arrested? Yes No

If yes, please explain: _____

Do you have a valid Washington Drivers License? Yes No

License #: _____

Has your license ever been suspended or revoked? Yes No

If yes, please explain: _____

Have you ever been involved in a traffic collision? Yes No

If yes, please explain: _____

List all your traffic tickets: (use the back if necessary)

Date

Violation

Issuing agency

Have you ever used illegal drugs? Yes No

If yes, please explain: _____

Have you ever stolen from school or an employer? Yes No

If yes, please explain: _____

The facts set forth in my application for the position of Lacey Police Explorer are true and complete. I understand that if qualified for examination or accepted, false statements on this application shall be considered sufficient cause for dismissal. I further understand that I have the right to answer or provide additional information in the case of derogatory information.

Signature of Applicant

Date

Signature of Witness

Date

Signature of legal guardian (if under 18)

Date

Signature of legal guardian (if under 18)

Date

Explorer Hold Harmless and Indemnity Agreement

I/We, _____, the parent(s) /guardian(s) of _____, authorize my/our son/daughter to participate in the activities of the Lacey Police Department Law Enforcement Post 747 as a Law Enforcement Explorer. I/We acknowledge the dangers that my son/daughter may be exposed to while riding in a patrol vehicle and/or participating in the Explorer program.

These activities include, but are not limited to: patrol vehicle ride-alongs, any traffic control, including traffic control at civic events and scenes of an emergency, dispatch procedures, correction procedures, search and rescue operations, boat patrol, firearms training, first aid and any other duties or circumstances arising out of or associated with law enforcement, the Lacey Police Explorer Post 747 or the Lacey Police Department.

By authorizing my son/daughter to participate in the activities of the Lacey Police Explorer Post 747, I/we hereby agree to waive any claim I/we may have against the City of Lacey, its officers, employees and agents for damages for personal injury or property damage arising out of, but not limited to, the above referenced activities. I/We agree to this waiver whether or not the damages were caused by the sole or partial negligence and/or fault of the City of Lacey.

By authorizing my son/daughter to participate in the activities of the Lacey Police Explorer Post 747, I/we further agree to hold harmless, indemnify and defend the City of Lacey, its officials, employees and agents from any damages or claims of damages to be paid to, or on behalf of, my son/daughter or any other person arising out of, but not limited to, the above referenced activities whether or not the damages were caused by the sole or partial negligence and/or fault of the City of Lacey, its employees and/or agents.

Parent/Guardian Signature

Date

Print Name

Relationship to applicant

Parent/Guardian Signature

Date

Print Name

Relationship to applicant

_____ being duly sworn on oath, states that he/she is the parent/guardian of the above named child, that he/she has read the above authorization and waiver, and that he/she agrees to its terms.

SUBSCRIBED and SWORN to before me this _____ day of _____, _____

Notary Public in and for the State of Washington,
residing at _____

Parental Consent for Emergency Medical Care

This is to certify that any Lacey Police Officer has my permission to authorize emergency medical care for my son/daughter by the attending physician or others he/she may choose. I accept financial responsibility for necessary treatment and services.

Youth's Name: _____
Last First Middle

Date of Birth: _____ **Last Tetanus Shot:** _____

Existing medical problems: _____

Allergies: _____

Family Physician: _____

Parents can usually be reached at:

Father: _____

Mother: _____

Parent/Guardian Signature _____ Date _____

Print Name _____ Relationship to applicant _____ SSN _____

Parent/Guardian Signature _____ Date _____

Print Name _____ Relationship to applicant _____ SSN _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____

Insurance Company _____ Group Number _____

_____ being duly sworn on oath, states that he/she is the parent/guardian of the above named child, that he/she has read the above authorization and waiver, and that he/she agrees to its terms.

SUBSCRIBED and SWORN to before me this _____ day of _____, _____

Notary Public in and for the State of Washington,
residing at _____

Authority to Release Information

To Whom It May Concern:

I hereby authorize the Lacey Police Department or its designated agent bearing this release or copy thereof, within one year of its date, to obtain information in your files pertaining to my complete criminal and/or juvenile offense history, employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records and criminal records including any juvenile offenses. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use by the Lacey Police Department. Consent is granted for the Lacey Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you as the custodian of such records and any school, college, university or other educational institution, consumer reporting agency or retail business establishment, including its officers, employees or related personnel both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I am furnishing my Social Security Number on a voluntary basis with the understanding that such is not required by City statute or regulation. I have been advised the Lacey Police Department will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____

Signature: _____

Social Security Number: _____

Parent/Guardian (if required): _____

Parent/Guardian (if required): _____

Date: _____

Current Address: _____

Home Number: _____

Witness: _____

For Department Use Only

Action Checklist

- ✓ Application received by: _____ on _____ .
- ✓ Forwarded to Explorer Captain by _____ on _____ .
- ✓ Background check initiated by _____ on _____ .
- ✓ Reference letters sent by _____ on _____ .
- ✓ Background check completed by _____ on _____ .
- ✓ Reviewed by Explorer Advisor: _____ on _____ .
- ✓ Oral Board date set for: _____ .
- ✓ Passed Oral Board on: _____ .
- ✓ Acceptance letter sent by: _____ on _____ .
- ✓ Appointment date: _____ .