



SHERIFF'S DEPARTMENT EXPLORER POST #555

To become a member of the Sheriff's Department Explorer Post, you must be able to answer *YES* to each of the following questions.

1. Are you a citizen of the United States?
2. Do you live in St. Clair County?
3. Are you at least 16, but under 21?
4. Do you hold a valid Illinois Driver's License?
5. Are you in good physical health, with height and weight commensurate?
6. Do you have a clean Police record?

The attached application must be completed and filled out completely with all the required attachments before you can attend a meeting or participate in any post functions.

BACKGROUND INVESTIGATION:

Membership in the post is also subject to the successful completion of a background investigation conducted by the department. The investigation will include, but is not limited to, driver's record check, criminal history, employment history, and reference checks. You may also be required to complete a polygraph exam or physical exam, including a drug screen.

After completing the application, attach a copy of the following documents:

- A. *Drivers License*
- B. *Social Security card*
- C. *Birth Certificate*

Any additional questions, contact Deputy Dominic Lauko, Sgt. Steve Johnson, or Capt. Mel Weith.

Sheriff's Drug Hotline

1-800-640-DIME

"No Questions Asked"

EXPLORER POST #555
APPLICATION FOR MEMBERSHIP

NAME _____ TELEPHONE# _____
 LAST FIRST MI BEPPER# _____

ADDRESS _____

BIRTHDAY _____ AGE _____ HEIGHT _____ WEIGHT _____

PLACE OF BIRTH _____ SOCIAL SECURITY # _____

ADDRESSES FOR THE PAST 10 YEARS _____

ARE YOU A U.S. CITIZEN? _____ NATURALIZED? _____

DRIVERS LICENSE# _____ STATE _____

FATHER'S NAME & OCCUPATION _____

MOTHER'S NAME & OCCUPATION _____

VEHICLE YOU DRIVE: _____

MAKE MODEL COLOR YEAR LICENCE# INSURANCE COMPANY

DO YOU HAVE ANY EXPERIENCE IN THE FOLLOWING? IF SO,
EXPLAIN: Law Enforcement or Corrections: _____

ARE YOU IN GOOD HEALTH, FIRM CONSTITUTION AND ABLE
BODIED? _____ HAVE YOU EVER HAD CHRONIC DISEASE? IF
SO, EXPLAIN: _____

IS THERE ANY MENTAL OR PHYSICAL DEFECT THAT WOULD
IMPAIR YOUR USEFULNESS AS A MEMBER? _____

DO YOU WEAR GLASSES? _____ DESCRIBE YOUR EYESIGHT _____

WHEN WAS THE LAST TIME YOU SAW A DOCTOR? _____ FOR
WHAT REASON? _____

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY
OFFENCE? _____ IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN QUESTIONED BY THE POLICE FOR ANY
REASON? _____ IF YES, EXPLAIN: _____

DETAIL YOUR PREVIOUS EDUCATION:

GRADE SCHOOL _____ FROM _____ TO _____

HIGH SCHOOL _____ FROM _____ TO _____

COLLEGE _____ FROM _____ TO _____

WHAT SPECIAL SCHOOLS, OR TRAINING, OR CLASSES HAVE YOU PARTICIPATED IN THAT WOULD BE OF BENEFIT TO THE POST? _____

WILL YOU ATTEND TRAINING PROGRAMS IN THE POST? _____

DO YOU KNOW OF ANYTHING THAT WOULD DISQUALIFY YOU FROM MEMBERSHIP IN THE POST? _____

LIST ANY TRAFFIC TICKETS OR CHARGES OF ANY CRIMINAL PROCEEDINGS:

DATE	OFFENCE	LOCATION	POLICE AGENCY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST THREE REFERENCES, OTHER THAN RELETIVES OR EMPLOYERS THAT KNOW YOU WELL ENOUGH TO GIVE INFORMATION ABOUT YOU:

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY & STATE</u>	<u>HOME & WORK TELEPHONE #S</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHY DO YOU WANT TO JOIN THE POST? _____

I HEREBY ACKKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE, AND I AUTHERIZE THE SHERIFF'S DEPARTMENT TO PREFORM A BACKGROUND INVESTIGATION FOR THE PURPOSE OF MEMBERSHIP IN EXPLORER POST #555.

APPLICANT SIGNATURE

PARENT OR GAURDIAN SIGNATURE

