JEFFERSON COUNTY SHERIFF'S OFFICE
EXPLORER POST #99
APPLICATION

Name: _____ Date of Birth: _____
(Last, First, Middle)

Present Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____ Height: ____ Weight: ____

Father's Name: _____ Address: _____
(Last, First, Middle) (If different than above)

Mother's Name: _____ Address: _____
(Last, First, Middle) (If different than above)

EDUCATION AND EMPLOYMENT

Current School: _____ Grade: ____

Current Employer: _____ Position: _____

Work Address: _____ Work Phone: _____

REFERENCES (OTHER THAN PARENT/GUARDIAN)

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Other Contact Information: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Other Contact Information: _____

CRIMINAL ACTIVITY

Describe the extent of your use of alcohol: _____

_____

Have you ever used any illegal drugs, including, but not limited to: Marijuana, hashish, amphetamines, cocaine, LSD, etc? Yes or No

If yes, what drugs have you used? _____

_____

How many times? ____ When was the last time? _____

Do you associate with any person or persons who use illegal drugs? Yes or No

If yes, please explain: _____

_____

Have you ever been contacted by a law enforcement agency for a traffic offense? Yes or No

If you have, please list the approximate date and the agency that contacted you and the nature of the act. _____

_____

Have you ever been contacted by a law enforcement agency for a criminal act? Yes or No

If you have, please list the approximate date and the agency that contacted you and the nature of the act. _____

_____

Please write a paragraph on why you would like to join the Explorers.

_____

_____

_____

_____

ADDITIONAL DOCUMENTATION

- Certified copy of birth certificate
- Copy of social security card
- Copy of valid Colorado driver's license
- Copy of current high school transcript
- Copy of high school diploma or GED (if applicable)
- Official college transcripts (if applicable)
- Copy of special license/certificate (if applicable)