

**APPLICATION FOR ENROLLMENT TO  
*LAW ENFORCEMENT  
EXPLORER POST #101***



***SPONSORED BY***

**Torrington Police Department**

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
DATE

Registration Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

***APPLICATIONS MAY BE TURNED IN AT TORRINGTON POLICE DEPARTMENT***

**LAW ENFORCEMENT EXPLORER POST #101  
576 Main Street  
Torrington, CT 06790  
860-489-2007**

Torrington Police Department  
Law Enforcement Explorer Post 101  
Application

Date of Application \_\_\_\_\_

NAME: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Place of Birth \_\_\_\_\_ U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you find out about Explorers? \_\_\_\_\_

**SCHOOL INFORMATION**

School \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_  
(CURRENT OR LAST SCHOOL ATTENDED)

Counselor \_\_\_\_\_ Phone Number \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
(List business name and current supervisor)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

**LIST TWO PERSONAL REFERENCES: (OTHER THAN RELATIVES) State your relationship to them.**

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**PARENT(s) /GUARDIAN INFORMATION**

Which parent/guardian do you live with? (Circle one) MOTHER FATHER BOTH GUARDIAN

MOTHER'S NAME \_\_\_\_\_ DAY TIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ DAY TIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ DAY TIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

The information in this packet is accurate to the best of my knowledge \_\_\_\_\_  
(Applicant's signature)

This information has been reviewed and verified by \_\_\_\_\_  
(Parent's/guardian's signature required if under 18 yrs of age)

Adult(s) e-mail address \_\_\_\_\_

**BACKGROUND INFORMATION**

DO YOU POSSES A VALID DRIVERS LICENSE? \_\_\_\_\_ (if yes the following must be completed.)

STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_ IF YES, GIVE DATE \_\_\_\_\_

REASON \_\_\_\_\_

DO YOU OWN A VEHICLE? \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VEHICLE LICENSE NUMBER \_\_\_\_\_

LIST ALL TRAFFIC TICKETS YOU HAVE RECEIVED (USE BACK OF PAGE IF NECESSARY)

MONTH/YEAR	CHARGE	LOCATION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT (AS A DRIVER)? \_\_\_\_\_ IF YES, GIVE ALL DATES AND LOCATIONS

\_\_\_\_\_  
\_\_\_\_\_

## BACKGROUND INFORMATION

Continued

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? \_\_\_\_\_ IF YES EXPLAIN:

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HAVE YOU EVER SKIPPED CLASS? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ACCEPTED A PLEA BARGIN? \_\_\_\_\_  
If yes please complete the following (list juvenile as well as adult records) - list any additional information on the back

OFFENSE	CITY	DATE	DISPOSITION
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HAVE YOU EVER COMMITTED OR BEEN INVOLVED IN A CRIMINAL OFFENSE FOR WHICH YOU WERE NOT ARRESTED OR CHARGED? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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If you are under the age of 18, do you use tobacco? \_\_\_\_\_ If yes explain?

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If you are under the age of 21, do you consume alcoholic beverages? \_\_\_\_\_ If yes explain?:

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Why do you want to become an Explorer? \_\_\_\_\_

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What are your career goals at this point? \_\_\_\_\_

## BACKGROUND INFORMATION

Continued

Will your parents support your involvement in this program? \_\_\_\_\_

Are you willing and able to attend the weekly meetings on Wednesdays from 6:30-8:30 P.M.? \_\_\_\_\_

Are you willing and able to participate in monthly community service projects? \_\_\_\_\_

List any community service organizations, social, school or other groups that you are now a part of or have been a member of:

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List any members of Law Enforcement Explorer Post 101 or local law enforcement agencies whom you know personally or to whom you are related. Please state the name and relationship to you:

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The information in this packet is accurate to the best of my knowledge \_\_\_\_\_  
(Applicant's signature)

This information has been reviewed and verified by \_\_\_\_\_  
(Parent's/Guardian's signature required if under 18 yrs of age)

## RELEASE OF INFORMATION

### APPLICANTS PLEASE READ AND SIGN THE FOLLOWING

By signing this authorization, I understand that I hereby give my consent for a thorough Background Check, which includes school records state and local law enforcement records and the National Crime Information Computer (NCIC). I authorize the following persons to release any and all information about me to the Explorer Advisor conducting my background investigation:

Teachers, Principals, School Counselors and other school officials, past and present

Employers and co-workers, past and present

My personal references

Any other person who may have information about me

I understand that withholding information requested on this application or giving false information may result in my ineligibility for acceptance by the Torrington Police Explorer Post #101, or subject to dismissal at any time. With this in mind, I certify that the above applicant information is correct and complete.

If accepted, I agree to abide by the policies, rules, and regulations of both the Explorer Post and the Torrington Police Department. By signing this, I also understand that it is my responsibility to read and know the written policies, rules and regulations that are supplied to me, and that willfully or knowingly disobeying these orders will lead to disciplinary action or dismissal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

(Parent's/ Guardian's signature if applicant is under 18)