



Mt. Pleasant Police
Department

Explorer Post #108

Applicant Application

Thank you for your interest in becoming a member of the Mt. Pleasant Police Department's Explorer post. It can be the start of a truly rewarding career. To assist us in processing your application, we ask that you complete the following questionnaire.

Supply all requested information and answer all questions to the best of your ability. Use "N/A" for questions which do not apply to you. Answer all questions truthfully. Use the reverse side of the packet if additional space is needed. Please indicate when answering if the back side is being used.

Print all answers clearly and legibly in black ink only.

GENERAL

Last	First	M. I.	D.O.B.	SS#
Address			Apt. #	
City			State	Zip
Home Phone	Work Phone	Message Phone		
Height (ft/inches)	Weight	Hair	Eyes	
Do you own a car?	Year/Make			
Drivers License #	State	Exp.		

EDUCATION

Grammar School Attended: _____
Address: _____

Highest Grade Completed _____ Graduated Yes ___ No ___

High School Attended: _____
Address: _____

Highest Grade completed (circle one): 9 10 11 12
Grade Average: ___ Year Graduated: ___
Counselor's Name: _____ Principal's Name: _____
May we contact these individuals? Yes ___ No ___ if no, why
not?

EMPLOYER INFORMATION

Employer Name		Employer Address	
Supervisor		Phone #	
Job Title	Hours Worked Per Week	Dates Worked	
Job Duties		From: _____ To: _____	
May we contact your employer? Yes___ No___ If no, Why not?			

MEDICAL INFORMATION

Do you wear contacts or glasses? Yes___ No___
Do you have any physical disabilities? Yes___ No___
If yes please describe: _____
Are you currently under a doctor's care? Yes___ No___
If yes please describe: _____
Are you on any prescribed medication? Yes___ No___
If yes what for: _____
Have you ever been diagnosed with a medical condition? Yes___ No___ If yes what and when: _____

PERSONAL INFORMATION

Father's Name	Phone#
Home Address	Occupation

Mother's Name	Phone#
Home Address	Occupation

PERSONAL REFERENCES

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Name	Phone#
Home Address	Occupation
Relationship	How long known

Name	Phone#
Home Address	Occupation
Relationship	How long known

Name	Phone#
Home Address	Occupation
Relationship	How long known

1. Have you ever used any other names? Yes ___ No ___
If yes, list names: _____

2. Have you ever been arrested? Yes ___ No ___
If yes, explain in detail (use back if necessary): _____

3. Have you ever been charged with a crime as an adult or as a juvenile? Yes ___ No ___
If yes, what were you charged with and when: _____

4. Please list any and all traffic citations you have received.
Please list dates, locations and outcome of citations.

5. Have you ever been questioned by the police for any reason other than listed above? Yes ___ No ___

6. Have you ever tried any illegal drugs? Illegal drugs include, but not limited to speed, crack, crank, crystal, bennies, methamphetamines, acid, and steroids. Yes ___ No ___
If yes, what did you try? When? How many times?

7. Have you ever tried marijuana? Yes ___ No ___
If Yes, When did you try marijuana and how many times?

8. Have you ever tried an alcoholic beverage? Yes ___ No ___
If yes, when, what kind, and how many times?

How did you find out about the Explorer program?

10. Can you take orders from the opposite sex? Yes ___ No ___

11. Could you attend at least three meetings a month? Yes ___
No ___

12. Would you style and maintain your hair as to conform to Explorer/Police standards? Yes ___ No ___

If so why not? _____

13. Would you comply with our standards of neatness and dress?
Yes ___ No ___

14. Could you work 12-20 hours per month on post details?
Yes ___ No ___

15. Would you have transportation to meetings and details?
Yes ___ No ___

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16. Have you ever worked for a police department (Aide, Clerk, etc.)? Yes___ No___
17. Do you think that you would benefit from this Explorer Post? Yes___ No___

Explain

18. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habit, employment, education, subversive activities, family association, undetected criminal offenses, traffic violations or residence? Yes___ No___

If yes, provide full explanation.

I, _____, hereby acknowledge that all statements and answers I have given in this questionnaire are true and to the best of my knowledge. I further understand that any falsification or omission of information will be grounds for dismissal or rejection of application.

SIGNATURE

DATE

WITNESS

DATE

CONSENT FOR MEDICAL TREATMENT

* Explorers under 18 years old

I(We) are the natural or managing conservator of _____, who is a participant in certain programs sponsored by the Mt. Pleasant Police Department. In the event that I (we) cannot be contacted and the said participant shall, by reason of accident, illness or injury, require any character of medical treatment or surgery, including any and all diagnostic procedures or drugs related there to, this instrument will authorize any sworn police officer of the Mt. Pleasant Police Department, Mt. Pleasant, Texas to consent to the medical treatment of said participant and to do each and every act necessary to provide for said medical treatment.

PARENT'S NAME:

*List any and all allergies/medical problems and/or medications used by the above participant below:

PARENTS SIGNATURE

DATE

***PLEASE LIST ALL NUMBER i.e. WORK NUMBER, HOME NUMBER, PAGER NUMBER OR CELLULAR PHONE NUMBER WHERE YOU COULD BE CONTACTED IN CASE OF EMERGENCY:**

**WAIVER OF LIABILITY
STATE OF TEXAS
CITY OF MOUNT PLEASANT
COUNTY OF TITUS**

KNOW YE ALL MEN BY THESE PRESENTS:

I, the undersigned a private person for and in consideration of the privilege of riding as a guest and voluntary observer in a Patrol Vehicle of the Mount Pleasant Police Department, City of Mount Pleasant, County of Titus, State of Texas, and recognizing the routine Law Enforcement Activity involves certain inherent dangers do hereby and hereon agree to assume the risks attendant to such activities to include motor vehicle accidents on either public streets or private property and do hereby and hereon release the Mount Pleasant Police Department, City of Mount Pleasant, County of Titus, State of Texas, its agents and employees in both their public and private capacities from any and all liability, claims, suits, demands, or causes of action which may arise from riding as a voluntary observer in a routine patrol vehicle. It is further agreed that the execution of this release shall not constitute a waiver from the Mount Pleasant Police Department, City of Mount Pleasant, of the defense of Governmental Immunity where applicable or to defenses predicated in the Texas Automobile Guest Statute or any other dissents recognized by the Courts of this State.

Signed this the _____ day of _____, 20_____

SIGNATURE OF RIDER

PRINTED NAME OF RIDER

STREET ADDRESS

CITY

PHONE NUMBER

SUPERVISOR:

SIGNATURE

***NOTE* Chief of Police must sign waiver if person given privilege of riding as a guest and voluntary observer in a Patrol Vehicle is not a License Peace Officer in the State of Texas.**

CHIEF OF POLICE