



O'Fallon Police Department

Law Enforcement Explorer Post #560

285 N. Seven Hills Rd. – O'Fallon, IL 62269

LAW ENFORCEMENT EXPLORER APPLICATION

Due to the nature of this program, the situations you will be involved in, and the information you will have access to; it is imperative that we thoroughly screen all applicants. Therefore we require that all information be filled out COMPLETELY.

PERSONAL INFORMATION:

Name: _____ Date of Birth: ____/____/____
Last First Middle Initial Month Day Year

Address: _____
Street City State Zip Code

Phone Number: _____/_____ How long have you lived at the above address? ____ Years
Home Cellular

Driver's License #: _____ State: _____ Expiration: _____

Firearm Owner's Identification #: _____ Social Security #: _____

PARENT(S) / LEGAL GUARDIAN(S) INFORMATION:

Name: _____ Relationship: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone Number: _____/_____ EMERGENCY Number: _____
Home Cellular

Name: _____ Relationship: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone Number: _____/_____ EMERGENCY Number: _____
Home Cellular

EMPLOYMENT HISTORY:

LIST BELOW YOUR MOST RECENT JOB

Employer: _____

Address: _____
Street City State Zip Code

Position: _____ Supervisor: _____ Phone Number: _____

REFERENCES:

PLEASE PROVIDE THE NAMES OF TWO INDIVIDUALS WHOM ARE AT LEAST 21 YEARS OF AGE, AND NOT RELATED TO YOU

Name: _____ Relationship: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone Number: _____
Home

Name: _____ Relationship: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone Number: _____
Home

BACKGROUND INFORMATION

- | | |
|---|----------------|
| 1. Are you interested in entering the law enforcement field? | [] Yes [] No |
| 2. Are you available to volunteer your time to benefit this post? | [] Yes [] No |
| 3. Are you interested attending training seminars? | [] Yes [] No |
| 4. Can you take commands? | [] Yes [] No |
| 5. Will you sign a personal injury waiver of liability form? | [] Yes [] No |
| 6. Do you smoke? | [] Yes [] No |
| 7. Are you in good physical condition? | [] Yes [] No |

If not, explain why _____

8. Have you ever been arrested?

Yes No

If so, explain why and by whom _____

EXPLAIN YOUR INTEREST IN THE O’FALLON POLICE EXPLORER POST

“I _____ hereby certify that the facts contained in this application are true and correct to the best of my knowledge and understand, if accepted, falsified statements on this application shall be grounds for dismissal from this program.

Signature of Applicant

Date

Signature of Parent / Legal Guardian, if under 18 years of age

Date