



CHESTERFIELD POLICE DEPARTMENT

Law Enforcement Explorer Post

Applicant Personal History Questionnaire

Part of the selection process for probationary Explorer is this application. Be sure to answer all questions completely. Please print your name on the top of each page in the space provided in case the pages become separated. (Print legibly).

Last Name: _____

First Name: _____ **Middle Name:** _____

Address: _____ **Apartment No.:** _____

City: _____ **State:** _____ **Zip:** _____

How long have you lived at this address? _____

Home Phone:(_____) _____ **Cell Phone:**(_____) _____

Other:(_____) _____

Email address: _____

Age: _____ **Date of Birth:** ____/____/____ **Place of Birth:** _____

Height: _____ **Weight:** _____ **Hair:** _____ **Eyes:** _____

Social Security Number: _____

Driver License Number
(if applicable): _____ **State:** _____

Father's name: _____

Mother's name: _____

Are you familiar with, or related to, any employee of the Chesterfield Police Department?

Yes _____ **No** _____

If yes, name of the employee: _____

Relationship to employee: _____

LAST NAME: _____ FIRST NAME: _____

REFERENCES			
List Three Character References, Other Than Relatives, Who Have Known You Well During The Past Three (3) Years or Longer:			
1	Name	Phone Number	Years Acquainted
	Residence Address	City	State/Zip Code
	Business Name/Address/Phone Number		Occupation
	Email Address:		
2	Name	Phone Number	Years Acquainted
	Residence Address	City	State/Zip Code
	Business Name/Address/Phone Number		Occupation
	Email Address:		
3	Name	Phone Number	Years Acquainted
	Residence Address	City	State/Zip Code
	Business Name/Address/Phone Number		Occupation
	Email Address:		

ORGANIZATIONAL MEMBERSHIPS		
List All Civic or Social/Professional Organizations, Fraternities, Clubs, Brotherhoods, Societies, Or Groups Of Which You Are Or Have Been A Member Or Associate:		
NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

LAST NAME: _____ **FIRST NAME:** _____

Current School: _____

Current Grade: _____

Have you ever been suspended, expelled, or asked to leave any school for disciplinary reasons?

___Yes ___No

Explain: _____

Are you currently employed? Yes _____ **No** _____

Current Employer: _____

Position/Duties: _____ **Work Phone:** (_____) _____

Previous Employer: _____

Position/Duties: _____ **Work Phone:** (_____) _____

Previous Employer: _____

Position/Duties: _____ **Work Phone:** (_____) _____

Previous Employer: _____

Position/Duties: _____ **Work Phone:** (_____) _____

LAST NAME: _____ FIRST NAME: _____

Have you ever been arrested, charged, questioned, or detained for any offense or alleged violation of any state law, county ordinance or municipal ordinance?

___Yes ___No

If you answered “Yes” please list charges below and explain in detail on page __6__.

Date	Charge(s)	Police Department or Law Enforcement Agency	Case Disposition (Guilty, Not Guilty, Dismissed, SIS, SES)

Has your driver’s license ever been suspended or revoked? ___Yes ___No

If Yes, explain _____

List all traffic tickets/driving citations or summons you have received beginning with the most recent:

Date	Charge(s)	Police Department or Law Enforcement Agency	Case Disposition (Paid Fine, Not Guilty, Dismissed, etc.)

LAST NAME: _____ **FIRST NAME:** _____

ESSAY

Explain why you want join our police explorer program:

How did you hear about our explorer program?

LAST NAME: _____ FIRST NAME: _____

CONTINUATION		
PAGE NUMBER	SECTION TITLE	ADDITIONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

CERTIFICATE OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

(Read Carefully Before Signing)

I, _____ hereby certify that all statements made on or in connection with this applicant personal history questionnaire are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part of all rights to membership with the Chesterfield Police Law Enforcement Explorer Post.

I hereby authorize all persons, companies, law enforcement agencies, all military agencies, all Federal, State or local government agencies, schools and universities to furnish the Police Department and/or Personnel Department of the City of Chesterfield with any and all available information regarding me to the Chesterfield Police Department in order that the Department may determine my suitability to be a Law Enforcement Explorer with the Chesterfield Police Department.

I authorize the holder of this release to make inquiry with my present or past employers regarding my character, integrity and reputation.

I also release any said persons, agencies, schools, companies and law enforcement authorities from liability for any damage whatsoever for issuing (as provide by law) this information.

A photo static or Xerox copy of this authorization will be considered as effective and valid as the original.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT / GUARDIAN

DATE

*This questionnaire (application) and all documents submitted become the property of the City of Chesterfield and will not be returned.

PERMIT, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____ of _____,
PRINT FULL NAME CITY, STATE

in consideration of being granted permission to ride along in a Chesterfield vehicle and of accompanying a Chesterfield Police Officer for the purpose of observing and becoming familiar with the operations of a Chesterfield Police Officer in the actual performance of his or her duties, do hereby release and discharge the City of Chesterfield, the Chesterfield Police Department, and all their officers and employees from liability to me, my assigns, my heirs, my executors and personal representatives, now and forever, for all loss or damages, in any claim or demands, therefore, on account of injury or other casualty to myself or my property, whether by negligence or otherwise, during such time that I may be in a vehicle of the Chesterfield Police Department or in the company of an officer of the Chesterfield Police Department for the above mentioned purposes, while said officer is officially discharging his/her duties.

I recognize and acknowledge that my participation in the Ride Along Program involves a risk of death, injury, loss or damage to my person or property, whether due to negligence or otherwise, and neither myself nor any of my representatives shall have any right or claim against the City of Chesterfield, the Chesterfield Police Department, any of their officers or employees, in respect of or arising out of any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the City of Chesterfield, the Chesterfield Police Department, and all of their officers and employees on account of any debt, expense, claim, obligation, or any sum of money which they individually and collectively may be required to pay on account of any liability or damage by reason of any injury to me or damage to my property, whether by negligence or otherwise, while I may be in a Chesterfield vehicle or in the company of a Chesterfield Police Officer, while said officer is officially discharging his/her duties.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT / GUARDIAN

DATE