Gilbert Police Explorer
Applicant Questionnaire

Name of Applicant (Last, First, Middle):

_____

Date of Application: _____

READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applications into the Gilbert Police Explorer Program will evaluate this questionnaire. It will be reviewed as part of a background investigation into your personal history.

All applicants are required to complete this questionnaire and complete and interview as part of the application process.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE GILBERT POLICE EXPLORER PROGRAM.

FOLLOW THESE DIRECTIONS CAREFULLY

- Use ink to complete this questionnaire.
- Write or print legibly.
- Read each question carefully.
- Answer each question completely and accurately.
- Answer all questions.
- If a question does not apply to you, write "N/A" in the box.
- If you need additional space, write on the back page.
- Before returning this questionnaire, read and sign the last page. **IF YOU ARE UNDER 18 YEARS OLD, YOU MUST ALSO HAVE A PARENT OR GUARDIAN'S SIGNATURE.**
- Please bring your birth certificate with you to your background interview.

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE	WORK PHONE	MESSAGE PHONE

CURRENT ADDRESS	CITY	STATE	ZIP

AGE	DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

SOCIAL SECURITY NUMBER	LIST ANY OTHER NAMES YOU HAVE EVER USED

ADDRESS HISTORY

Starting with your present address, list all mailing addresses where you have lived for the past five (5) years. Do not forget to include zip codes.

DATES		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
	PRESENT					

REFERENCES

List three (3) references (not relatives or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.

NAME	STREET ADDRESS	_____ RESIDENCE	_____ BUSINESS

HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	CELL PHONE

NAME	STREET ADDRESS	_____ RESIDENCE	_____ BUSINESS

HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	CELL PHONE

NAME	STREET ADDRESS	_____ RESIDENCE	_____ BUSINESS

HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE	CELL PHONE

EDUCATION

Indicate by checking the selection below if you have any of the following:

High School Diploma _____ G.E.D. Certificate _____

Are you currently attending school? YES _____ NO _____

If yes, what school are you attending? _____

What grade are you currently in? _____ What is your current grade point average? _____

Please list any junior high, high school, or college you have attended in chronological order.

DATES	NAME OF SCHOOL	ADDRESS, IF OUTSIDE GILBERT	YEAR IN SCHOOL

HAVE YOU EVER BEEN DISCIPLINED, OR EXPELLED FROM ANY SCHOOL? **YES** _____ **NO** _____

If yes, please explain: _____

EMPLOYMENT HISTORY

Have you ever been employed? YES _____ NO _____

Are you currently employed? YES _____ NO _____

If you have been employed before, have you ever been fired, dismissed, or asked to resign from any employment?

YES _____ NO _____

If yes, please explain: _____

If you have not been employed before, you may skip the following section.

If you have been employed before, you must complete the section on the following page.

EMPLOYMENT HISTORY (CONTINUED)

Beginning with your present or most recent employer, list all of the places you have worked. Please keep them in proper order. List all employment, temporary assignments, volunteer service, and part-time employment. You must list everything, do not omit anything. If additional space is needed, attach a separate sheet of paper or write on the back page.

CURRENT OR MOST RECENT EMPLOYER	NAME OF BUSINESS		JOB TITLE
	STREET ADDRESS		SUPERVISOR
FROM:	CITY	PHONE NUMBER	STARTING SALARY
TO: PRESENT	STATE	ZIP	ENDING SALARY

Describe your duties: _____

EMPLOYER	NAME OF BUSINESS		JOB TITLE
	STREET ADDRESS		SUPERVISOR
FROM:	CITY	PHONE NUMBER	STARTING SALARY
TO:	STATE	ZIP	ENDING SALARY

Describe your duties: _____

EMPLOYER	NAME OF BUSINESS		JOB TITLE
	STREET ADDRESS		SUPERVISOR
FROM:	CITY	PHONE NUMBER	STARTING SALARY
TO:	STATE	ZIP	ENDING SALARY

Describe your duties: _____

ARREST / CRIMINAL HISTORY

The following questions pertain to your experiences <u>in this country and all other countries</u>, as both a juvenile and as an adult. Do not include minor traffic violations. Explain any "YES" answers in detail on the back page.

	YES	NO
A. Have you ever had any contact with any law enforcement official?		
B. Have you ever been warned about anything by a law enforcement official?		
C. Have you ever been detained by a law enforcement officer?		
D. Have you ever been accused of a crime?		
E. Have you ever been charged with a crime?		
F. Have you ever been arrested?		
G. Have you ever been convicted of a crime?		
H. Have you ever been booked into jail?		
I. Have you ever received a criminal citation?		
J. Have any of your relatives ever been convicted or held in any detention facility, jail or prison?		
K. Have the police ever been called to your home for any reason?		

If you have answered "YES" to any of the above questions, list the incident below and make certain you have explained the incident on the back page. Be sure to refer to each question by its letter (A through K) when explaining it. All incidents must be explained.

QUESTION A THRU K	DATE	REASON/CHARGE	LAW ENFORCEMENT AGENCY – CITY/STATE	DISPOSITION/SENTENCE

DRIVING HISTORY

Have you ever had a driver's license? YES _____ NO _____

Have you ever had a driver's license canceled, refused, revoked, or suspended? YES _____ NO _____

If yes, you must explain, in detail, the reason for this action and the dates on the back page.

ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER

Have you ever attended a driver improvement school? YES _____ NO _____

WHEN: _____ **WHERE?** _____

DRIVING HISTORY (continued)

List each and every traffic citation, summons, and written warning you have ever received. List in chronological order, beginning with the most recent. If you need additional space, use the back page.

MONTH/YEAR	VIOLATION	CITY/STATE	DISPOSITION/RESULT

Have you ever been charged with driving under the influence of alcohol or drugs? YES _____ NO _____

Have you ever been involved with aggravated, aggressive, or reckless driving? YES _____ NO _____

USE OF LIQUOR AND NARCOTICS

A "YES" answer to the questions below does not automatically disqualify you from applying for the Gilbert Explorer Program. AN UNTRUTHFUL ANSWER WILL DISQUALIFY YOU.

Have you ever consumed alcoholic beverages? YES _____ NO _____

Do you now consume alcoholic beverages? YES _____ NO _____

If yes, when was the last time? List the date. _____

Have you ever tried or used a narcotic or dangerous drug without a doctor's prescription? YES _____ NO _____

If yes, explain on back page.

If you have tried, used, or ingested any of the drugs listed below, check the "YES" box. Include the number of times and the dates. If you have not, check the "NO" box.

TYPE	YES	NO	TOTAL # OF TIMES	DATE LAST USED	TYPE	YES	NO	TOTAL # OF TIMES	DATE LAST USED
Marijuana					Cocaine				
Inhalants					Heroin				
Thai Sticks					Opium				
Barbiturates					Injectable Steroids				
Amphetamines (Speed, Etc.)					Oral Steroids				
Hashish					Hallucinogenic Substances (LSD, PCP, Mescaline, Mushrooms, Etc.)				

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE, OR IF YOU HAVE TRIED OR USED A DRUG WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IT IN DETAIL ON THE BACK PAGE. YOU MUST INCLUDE THE DATES AND NUMBER OF TIMES USED.

ORGANIZATION MEMBERSHIP

Are you now, or have you ever been, a member of any anti-government group or organization? (If yes, please explain in detail on the back page). **YES** _____ **NO** _____

Are you now, or have you ever been, a member or affiliated with a gang or an organization that advocates or approves in the commission of acts of force or violence toward people or property? (If yes, please explain in detail on the back page). **YES** _____ **NO** _____

EXPLANATION SECTION	
SECTION NAME & QUESTION NUMBER	EXPLANATION
IF MORE SPACE IS NEEDED, ATTACH ANOTHER SHEET OF PAPER TO THIS APPLICATION	

FAMILY REFERENCES				
LIST ALL IMMEDIATE RELATIVES, I.E., PARENTS, SIBLINGS, SPOUSE, IN-LAWS, AND ALL CHILDREN.				
Name	**Relationship**	**Age**	**Street Address, City, State, Zip Code**	**Telephone**

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN PRIOR TO SUBMITTING THIS QUESTIONNAIRE.

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment or material fact, my application may be rejected and I will not be eligible to become an Explorer with the Gilbert Police Department. If I have already been accepted, I may be dismissed.

I authorize the Gilbert Police Department to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation, and character.

I realize that it is necessary for the Gilbert Police Department to thoroughly investigate all aspects of my personal background and qualifications. By applying to be a volunteer with the Gilbert Police Explorer Post, I expressly waive all of my legal rights and causes of action to the extent that the Gilbert Police Department investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability, under any and all possible cause of action, the Town of Gilbert, the Gilbert Police Department, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health.

I also agree to participate in the Explorer activities if accepted into the Gilbert Police Explorer Post. I agree to exonerate and hold blameless the Chief of Police of the Town of Gilbert, its officers, advisors, and Explorers in the event of any accident or injury which may occur as a result of my participating in the Explorer activities with this organization.

_____ _____

Signature of Applicant Date

If the applicant is under the age of 18 years old, the parents or legal guardian must read and sign the following.

We, the parent/guardian of _____, have read the application for the Gilbert Police Explorer Post and do also agree with the above listed statements. I also agree to allow my son/daughter to participate in the Explorer activities if he/she is accepted into the Explorer Post. We also agree to exonerate and hold blameless the Chief of Police of the Town of Gilbert, its officers, advisors, and Explorers in the event of any accident or injury which may occur as a result of his/her participation in the Exploring activities with this organization.

_____

Parent/Guardian Signature