

Law Enforcement

Explorer Post #133

CORPUS CHRISTI POLICE
DEPARTMENT

Application for Membership

Name: _____

Date: _____

Qualification for Membership:

Explorer applicants must be between 15 and 20 years of age. An applicant who is 14 and has successfully completed the 8th grade may also apply. Applicants must be of good moral character, be in good physical and mental condition as well as have a legitimate desire to enter law enforcement as a career.

Application Procedures:

1. Submit **application** to the Volunteer Program Coordinator's office in police headquarters at 321 John Sartain Street, Corpus Christi, TX 78401 or fax to 361-826-4445. If additional information is needed, call 361-826-2832.
2. Undergo a **background** investigation. Notary page is required to be completed for this step.
3. Appear before an oral **interview** board.
4. Opportunity to attend and graduate from the summer Explorer Training **Academy**.
5. Application fee of **\$45.00**. \$25 for Boy Scouts of American membership & Insurance, \$20 for Post shirts.

Corpus Christi Police Department

Law Enforcement Explorer Post #133

Application for Membership

Instructions: Print the answers to all questions in black ink. If a question does not apply to you, write the letters N/A. If the space available is insufficient, use an additional sheet and precede each answer with the question number on the additional sheet. **DO NOT MISSTATE OR OMIT** material facts. Statements made herein will be verified to determine your eligibility for membership. False or misleading statements are cause for rejection or dismissal. Answer all questions completely and accurately. **PRINT CLEARLY.**

Have you **read** and do you **understand** ALL of the above instructions? Yes No

A. Applicant Identification

Last Name: _____ First Name: _____ Middle Name: _____

Age: _____ Date of Birth: ____ / ____ / ____
Day / Month / Year

Address: _____ Apt: _____ Home Phone () _____ - _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____

Place of Birth: _____

City County State

Driver's License Number: _____ State of Issue: _____ Classification: _____

Identification Number: _____ State of Issue: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Feet Inches Pounds

Mother's Name: _____ Birth Mother Step Mother Other

Address: _____ Apt: _____ Home Phone () _____ - _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____ Birth Father Step Father Other

Address: _____ Apt: _____ Home Phone () _____ - _____

City: _____ State: _____ Zip Code: _____

B. Residence History

In **reverse order**, please list all locations that you have lived during the **past three years**. Include the month and year that you lived there. Attach an additional sheet if necessary.

From: _____ to: Present Address: _____

From: _____ to: _____ Address: _____

C. Education History

1. Middle School(s) attended:

School Name City State From / To

2. High School(s) attended:

School Name City State From / To

3. College or University attended:

_____ / _____
School Name City State From / To

_____ / _____
School Name City State From / To

_____ / _____
School Name City State From / To

_____ / _____
School Name City State From / To

4. Major & Minor courses of study:

5. List other schools or Explorer Academics attended (i.e. Trade, Vocational, and Business):

D. Special Qualifications and Skills:

1. List any special licenses or certifications you hold (i.e. Pilot, Radio Operator, Scuba Diver, etc.). Include the issuing authority, date of initial issuance and expiration.

2. Do you fluently Read, Write or Speak any foreign languages: Yes (List below) No

_____ Read Write Speak Excellent Good Fair

_____ Read Write Speak Excellent Good Fair

_____ Read Write Speak Excellent Good Fair

3. List any additional special skills or qualifications you possess:

E. Arrests, Detentions, Litigations:

1. Have you **EVER** been arrested OR detained by ANY law enforcement agency?

Yes No

Offense Charged or Suspected of being involved in: _____

Law Enforcement Agency: _____ Date: ____ / ____ / ____

City State Day / Month / Year

Disposition of case: _____

2. Have you **EVER** been placed on probation?

Yes No

If yes, provide details: _____

3. Have you **EVER** sued anyone (civil plaintiff)?

Yes No

If yes, provide details: _____

4. Have you **EVER** been sued by anyone (civil defendant)?

Yes No

If yes, provide details: _____

F. Traffic Record:

1. Do you possess a **VALID** driver's license issued by the State of Texas? Yes No

License Number: _____ Date of Expiration: ____ / ____ / ____
Day / Month / Year

2. Have you **EVER** possessed a driver's license from any OTHER state? Yes No

License Number: _____ Date of Expiration: ____ / ____ / ____
Day / Month / Year

3. Have you **EVER** had your license suspended or revoked? Yes No

If yes, provide details (i.e. reason, date, length of suspension): _____

4. Have you **EVER** been involved in a motor vehicle accident? Yes No

If yes, Date ____ / ____ / ____ Police Investigation? Yes No
Day / Month / Year

Cause (i.e. ran red light, careless driving, etc.): _____

Who (if anyone) was charged? _____

What were the charges? _____

5. List (to the best of your knowledge) **ANY and ALL** traffic citations you have received (exclude parking tickets):

_____/_____/_____
Month / Year Charge City State Disposition

_____/_____/_____
Month / Year Charge City State Disposition

G. Medical History:

1. Do you have **ANY** physical disabilities, chronic illness/disease or other disabilities? Yes No

If yes, provide details: _____

2. Are you currently taking medications prescribed by a physician? Yes No

If yes, provide details: _____

3. Have you **EVER** been rejected for military service? Yes No

If yes, provide details: _____

4. Have you **EVER** been discharged/released from employment or military service for medical reasons? Yes No

If yes, provide details: _____

H. References:

List **AT LEAST THREE** references (not relatives):

1. Name: _____ Occupation: _____

Address: _____

Number & Street City State

Years Known: _____ Primary Phone Number: () _____ - _____ Other Phone: () _____ - _____

2. Name: _____ Occupation: _____

Address: _____

Number & Street City State

Years Known: _____ Primary Phone Number: () _____ - _____ Other Phone: () _____ - _____

3. Name: _____ Occupation: _____

Address: _____

Number & Street City State

Years Known: _____ Primary Phone Number: () _____ - _____ Other Phone: () _____ - _____

I. Personal Declarations:

1. Describe in your own words, how often and how much alcohol you drink:

2. Have you **EVER** used marijuana, or **ANY OTHER** drug NOT prescribed by a physician? Yes No

If yes, provide details: _____

3. Have you **EVER** sold, supplied, or furnished **ANY** drugs, medication or narcotics to anyone? Yes No

If yes, provide details: _____

4. Have you **EVER** made application for employment/membership with the Corpus Christi Police Department's Law Enforcement Explorer Post, or **ANY OTHER** Explorer Post? Yes No

If yes, provide details: _____

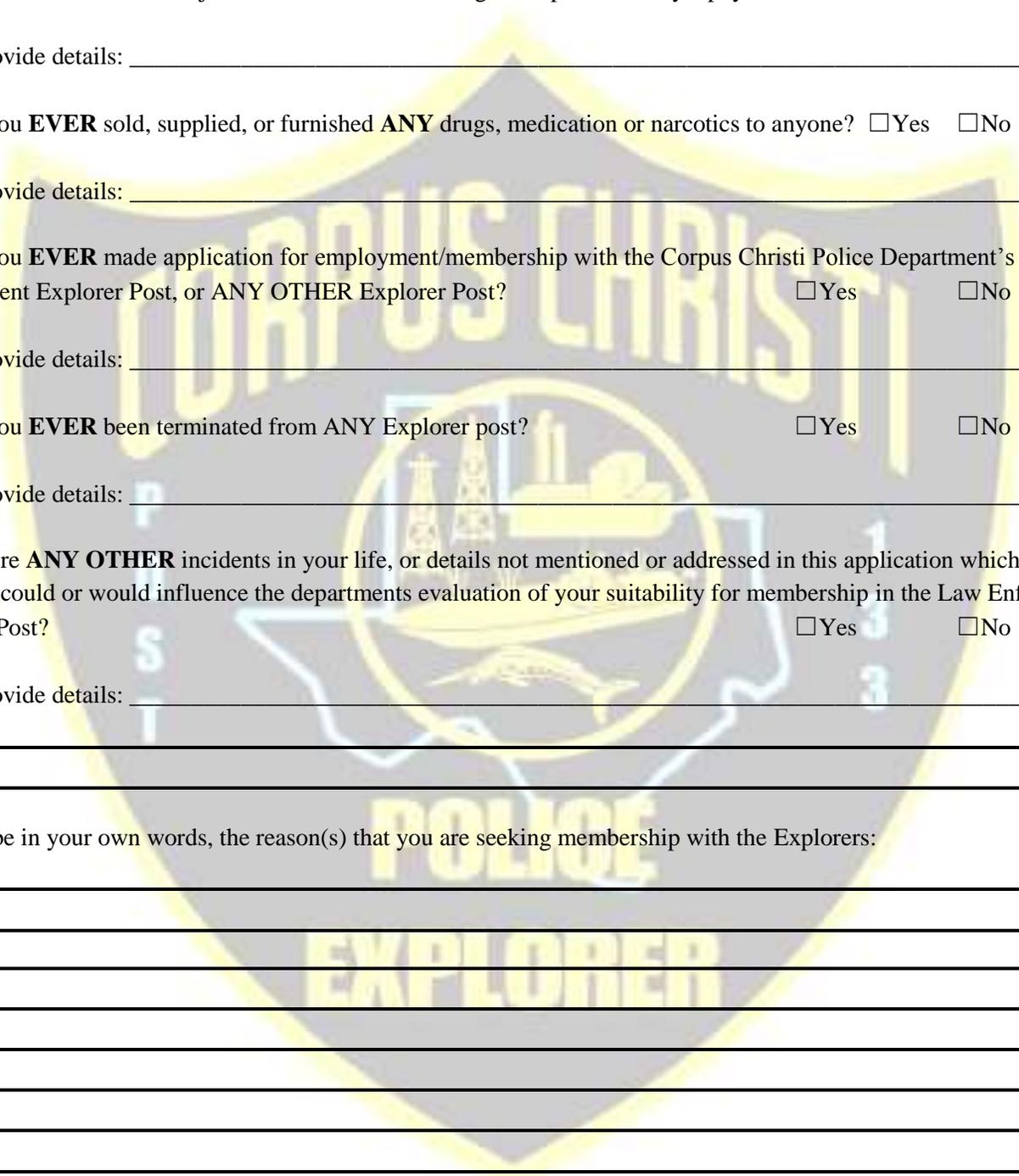
5. Have you **EVER** been terminated from ANY Explorer post? Yes No

If yes, provide details: _____

6. Are there **ANY OTHER** incidents in your life, or details not mentioned or addressed in this application which (if not revealed) could or would influence the departments evaluation of your suitability for membership in the Law Enforcement Explorer Post? Yes No

If yes, provide details: _____

7. Describe in your own words, the reason(s) that you are seeking membership with the Explorers:



EXPLORER INFORMATION SHEET

Name: _____

Nickname: _____

Date of Birth: _____ / _____ / _____
Day Month Year

Last four digits of your social security number: _____

Home Address: _____
Number and Street Apt City Zip

Your Phone Number: () _____ - _____

School: _____

Your Email Address: _____ @ _____

Your Facebook username: _____

ANY Other Social Media (i.e. Twitter, LinkedIn, Pinterest, Instagram etc.) _____

Mother's Name: _____ Mother's Email Address: _____

Mother's Cell Phone Number: () _____ - _____ Work Phone Number: () _____ - _____

Father's Name: _____ Father's Email Address: _____

Father's Cell Phone Number: () _____ - _____ Work Phone Number: () _____ - _____

Emergency Contact Name: _____

Emergency Contact Phone Number: () _____ - _____

Signature

Date

Corpus Christi Police Department Release and Disclosure Statement

I, _____, understand that in applying for the position of **Law Enforcement Explorer**, that the City of Corpus Christi, Corpus Christi Police Department (CCPD), or its agents will conduct an investigation of my background, including but not limited to my qualifications, prior and present employment record and suitability for volunteering in the Explorer Post. I confirm that the information submitted by me is true, correct and complete. I authorize the City, and CCPD to conduct an investigation to confirm the information provided by me on this release form, my application and in other documents I have provided, such as a résumé or information provided during my interview. I consent for individuals and organizations to provide accurate and complete responses to the City's, and CCPD's investigation.

I voluntarily authorize and request, without reservation, any party or agency contacted by the City or CCPD to furnish requested information as described below. I hereby release and discharge the City, and CCPD and its agents from all claims, demands, actions, liabilities and damages of whatever kind for providing and/or confirming information about me in response to the City's, and CCPD's investigation which may include, but is not limited to, the following information:

A statement of the reason for the termination of my employment, eligibility for rehire, work performances and habits, abilities and other qualities pertinent to my qualification for access to the Corpus Christi Police Department (CCPD) or any extension thereof, which may include verification of my military record, education, general reputation, criminal record, driving record and licenses, other requirements of the position, I understand that information obtained will be used for the above stated purpose, purposed only and in accordance with any pertinent laws.

I understand that should I refuse to sign this release form, I will be disqualified from consideration for the **Explorer Post** which I have applied for or access to the Corpus Christi Police Department (CCPD) and its extensions thereof, to include but not limited to Contractors and Vendors. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Name (Last, first, middle) _____

Alias (names by which you have been known) _____

Address _____
Street City State Zip Code

Date of Birth _____ Social Security Number _____

Driver's License Number _____ State of Issue _____

List **all** cities and states where you have resided _____

To be signed in the presence of a Notary:

Signature of Applicant _____ Date _____

SUBSCRIBED AND SWORN before me on this _____ day of _____ 20____

Notary Public – State of

My Commission Expires _____