



Central Point Police Department

155 South Second Street • Central Point, Oregon
97502
541-664-5578 • 541-664-2705 (fax)
www.centralpointoregon.gov

"Dedicated to Service, Committed to Excellence"



Explorers In Police Service APPLICATION FORM

Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A." The Central Point Police Department appreciates your interest in service to this community and commends your spirit to volunteer.

(PLEASE PRINT)

PERSONAL INFORMATION:

Last Name		First Name		Middle Name		Age	Date of Birth
Home Address:				City		Zip Code	Place of Birth
Home Phone:				Social Security Number:			Other Names Used:
E-Mail Address:					Cell Phone:		

Previous Address(es) Last Five Years:

CRIMINAL HISTORY , DRIVING RECORD AND DRUG USE:

Oregon Drivers License Number	Has your license ever been suspended or revoked?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a crime?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	

If yes, please explain:

Have you ever used illegal drugs? If yes please explain:

REFERENCES:			
References: DO NOT USE FAMILY MEMBERS OR RELATIVES AS REFERENCES. List four (4) individuals you have known for at least (4) years. (Please write name, complete address with zip code and telephone number.)			
Name	Address	Zip	Phone#
1.			
2.			
3.			
4.			

EDUCATION BACKGROUND AND MILITARY EXPERIENCE:	
(Please circle highest grade completed)	
High School 10 th 11 th 12 th	College 1 2 3 4 5 6 7 8
High School Attended or Currently Attending:	College or University Attended or Currently Attending:

EMPLOYMENT HISTORY: (Please fill out completely)			
Current Employer:	Type Occupation:	From Date:	To Date:
Business Address: (Including City, State, and Zip Code)		Phone Number:	
Employment for past five (5) years (Please include business name, telephone number, address, supervisor, dates of employment):			
1. _____			
2. _____			
3. _____			
4. _____			

TELL US A LITTLE ABOUT YOU:
What are your hobbies and Interests?

Please list any past or present community activities, training workshops, special areas of study or research and internships you have had:

Please briefly state why you wish to become an explorer with the Central Point Police Department. (Use another sheet if necessary) <i>This question must be answered.</i>

OTHER PAST OR PRESENT VOLUNTEER SERVICES:

Where:	Date From/To:	Nature of Service:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

EMERGENCY INFORMATION:

In case of an emergency, please notify:		
Name: _____	Address: _____	
Relationship: _____	Home Phone Number: _____	Cell Phone Number: _____

TERMS AND SIGNATURE:

Please check off each box as you read and understand the content.

- As an Explorer with the Central Point Police Department, I am willing to furnish information for use in determining my qualifications.
- I understand that for security reasons, a background/clearance/reference check will be conducted and I will be fingerprinted.
- I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Explorers in Police Service program.
- I understand that the Central Point Police Department will not disclose any of my information to any outside entity without my written consent.
- I understand that the Central Point Police Department will not have to disclose the reason, if any, for not being selected to the program.
- In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge.
- I further authorize the Central Point Police Department to verify criminal history and driving records, as well as, personal references, and employment history, as part of the background process.
- If accepted to perform explorer duties for the Central Point Police Department, I understand I may be privy to confidential information and promise to respect and maintain that confidentiality whenever presented with it.

Signature: _____	Date: _____
Parent Signature (If under age 18): _____	Date: _____