



WELD COUNTY SHERIFF'S OFFICE EXPLORERS POST #459 APPLICATION



Application Information

Note: All information contained in this application will be verified through a background investigation. Please answer all questions completely and honestly. False information will result in disqualification from the Explorer program.

Last Name: First Name: Middle Name:

Address: City: State: Zip:

Date of Birth: Age: Home Number: Cell Number:

E-mail Address:

Drivers License Information

Driver's License Number: State: Date Issued: Expiration Date:

Driver History

List all States where you have been issued a driver's license.

Has your driver's license ever been revoked, suspended or denied? Yes No

If you answered yes, then please explain:

Please list your last traffic ticket, the issuing agency, and the reason the ticket was issued.

Date of Ticket: Issuing Agency: Reason for Issuance:

Criminal History

Have you ever been arrested / detained or convicted of a criminal offense? Yes No

If you answered yes, then please explain:

Education History

Please list all schools you have attended beginning with your most current.

College Attended: City: State: Major / Minor GPA:

High School: City: State: Did You graduate? Yes No

Have you ever been placed on academic probation? Yes No

If yes, then please explain.

Work History

Are you currently employed? Yes No

Current Employer: Address:

Phone Number: Length of Employment: Date Hired:

Job Description

Parent Information (Applicants under age 18)

Mothers Name Fathers Name

Address Address

City State Zip Code City State Zip Code

Home Number Home Number

Work Number Work Number

References

Please list three references. One must be a teacher instructing a class you are currently enrolled in. Study hall does not count. The other two **may not** be related to you and whom you must have known for more than three years.

Name

Address

City State Zip Code

Home Number Work Number

Name

Address

City State Zip Code

Home Number Work Number

Name

Address

City State Zip Code

Home Number Work Number

Social Network Web sites

Please check the following social networking web sites that you are a member of.

Myspace Facebook Twitter Other, please list

Would you allow an Explorer Advisor to view your social networking pages? Yes No

Medical History

Do you have any medical conditions that would prohibit or limit your participation as an Explorer? Yes No

If yes, then please explain:

ID Information

First Name

Last Name

Address

City

State

Colorado

Zip Code

Assignment

Explorer

Title

Explorer

Primary Phone

Secondary Phone

DOB:

Gender

Ethnicity

Height

Weight

Hair Color

Eye Color

The explorer unit does not discriminate against the basis of race, religion, gender, sexual orientation, age or medical condition. The above requested information is requested for the purpose of tailoring the organization to individual needs.

I understand that all the information contained in this application is true and correct to the best of my knowledge. I understand that providing incorrect and / or fraudulent information is grounds for the application to be denied and my participation as an Explorer with the Weld County Sheriff's Office will be terminated.

I also grant my permission for the Weld County Sheriff's Office Explorer Advisor to verify any and all of the information contained herein. I grant my permission to all persons named as references and employers to release information regarding my employment and character. Financial information will not be questioned or investigated by any member within the Explorers or by the Weld County sheriff's Office.

Applicant Signature:

Parent Signature (If required)

Explorer Receiving Application:

Date Received by Explorer:

Explorer Signature:

Date Received by Advisor:

Advisor Signature: