

# CITY OF PLANO POLICE DEPARTMENT APPLICATION FOR LAW ENFORCEMENT EXPLORER

DATE: \_\_\_\_\_

## GENERAL INSTRUCTIONS:

TYPE OR PRINT AN ANSWER TO EACH QUESTION. IF THE QUESTION DOES NOT APPLY TO YOU, INDICATE WITH N/A. IF THE SPACE AVAILABLE IS INSUFFICIENT, USE THE BACK OF THE SHEET OR A SEPARATE PIECE OF PAPER AND PRECEDE EACH ANSWER WITH THE NUMBER OF THE REFERENCED QUESTION. DO NOT MISSTATE OR OMIT MATERIAL FACTS. THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION.

## PERSONAL INFORMATION:

1. NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

2. SEX MALE / FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_

3. ALIASES \_\_\_\_\_  
  NICKNAME OR ANY CHANGED NAME

4. HOME ADDRESS \_\_\_\_\_  
  PRESENT ADDRESS / NAME OF APT. COMPLEX & NUMBER / STREET / CITY / ZIP

5. HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ 6. CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

7. E-MAIL ADDRESS \_\_\_\_\_ 8. EYE COLOR \_\_\_\_\_

9. HAIR COLOR \_\_\_\_\_ 10. LEFT HANDED OR RIGHT HANDED?

## EDUCATION: (LIST ALL JUNIOR HIGH, AND HIGH SCHOOLS ATTENDED)

11. NAME	LOCATION	DATES ATTENDED	YEARS COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____

## 12. LIST COLLEGE CREDITS:

NAME OF COLLEGE / UNIVERSITY	CREDITS	MAJOR AREA OF STUDY
_____	_____	_____
_____	_____	_____

13. HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM SCHOOL? YES / NO

14. HAVE YOU EVER RECEIVED ANY OTHER SCHOOL RELATED DISCIPLINARY ACTION? YES / NO

15. IF YOU ANSWERED "YES" TO NUMBERS 13 - 14, EXPLAIN EACH INCIDENT IN DETAIL ON THE BACK OF THIS SHEET.

**EMPLOYMENT HISTORY:**

16. BEGIN WITH YOUR MOST RECENT JOB AND LIST **ALL** PREVIOUS EMPLOYMENT:

1) \_\_\_\_\_  
EMPLOYER NAME, ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
STARTING DATE    ENDING DATE    JOB TITLE    WHY DID YOU LEAVE?

2) \_\_\_\_\_  
EMPLOYER NAME, ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
STARTING DATE    ENDING DATE    JOB TITLE    WHY DID YOU LEAVE?

17. HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY JOB? (IF YES, EXPLAIN ON THE BACK)

18. HAVE YOU BEEN A MEMBER OF ANY EXPLORER POST? YES / NO

IF YES, WHICH ONE?

POST/AGENCY \_\_\_\_\_ POST # \_\_\_\_\_ ADVISOR'S NAME \_\_\_\_\_

**REFERENCES:** YOU MUST LIST THREE REFERENCES: PERSONS WHO KNOW YOU BEST - PREFERABLY ADULTS. PLEASE INFORM YOUR REFERENCES THAT WE WILL CONTACT THEM AND ASK QUESTIONS ABOUT YOU.

19. \_\_\_\_\_  
1) NAME                                      HOME ADDRESS                      HOME PHONE                      WORK PHONE

\_\_\_\_\_  
E-MAIL ADDRESS                      BUSINESS NAME / ADDRESS                      OCCUPATION

\_\_\_\_\_  
RELATIONSHIP                      YEARS KNOWN

2) \_\_\_\_\_  
NAME                                      HOME ADDRESS                      HOME PHONE                      WORK PHONE

\_\_\_\_\_  
E-MAIL ADDRESS                      BUSINESS NAME / ADDRESS                      OCCUPATION

\_\_\_\_\_  
RELATIONSHIP                      YEARS KNOWN

3) NAME HOME ADDRESS HOME PHONE WORK PHONE

E-MAIL ADDRESS BUSINESS NAME / ADDRESS OCCUPATION

RELATIONSHIP YEARS KNOWN

**DRIVER LICENSE INFORMATION:**

20. KIND OF LICENSE STATE LICENSE NUMBER EXPIRATION RESTRICTIONS

**TRAFFIC VIOLATIONS:** (LIST ALL ACCIDENTS, PARKING & TRAFFIC VIOLATIONS AND ANY WARNINGS YOU HAVE BEEN INVOLVED IN OR RECEIVED REGARDLESS OF WHETHER THEY ARE ON YOUR DRIVING RECORD)

21. DATE	CITY / STATE	AGENCY	CHARGE	DISPOSITION
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

**RELATIVES:**

22. FATHER OR GUARDIAN:

NAME BIRTH DATE HOME ADDRESS (IF DIFFERENT) HOME PHONE

EMPLOYER / OCCUPATION WORK ADDRESS WORK PHONE

E-MAIL ADDRESS

23. MOTHER OR GUARDIAN:

_____	_____	_____	_____
NAME	BIRTH DATE	HOME ADDRESS (IF DIFFERENT)	HOME PHONE
_____		_____	_____
EMPLOYER / OCCUPATION		WORK ADDRESS	WORK PHONE
_____			
E-MAIL ADDRESS			

**RESIDENCES:** LIST ALL RESIDENCES YOU HAVE LIVED IN FOR THE PAST 10 YEARS. BEGIN WITH THE PRESENT AND GO BACKWARDS.

24. FROM / TO			
MONTH & YEAR	STREET AND NUMBER	CITY	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HEALTH RECORD:**

25. HAVE YOU EVER USED ANY SUBSTANCE (DRUGS, ALCOHOL, MARIJUANA) TO GET "HIGH"? YES / NO
26. HAVE YOU EVER USED ANY TOBACCO PRODUCTS? YES / NO
27. IF YOU ANSWERED "YES" TO QUESTIONS 25 - 26, EXPLAIN IN DETAIL ON THE BACK OF THIS SHEET.

**ORGANIZATIONS:** LIST MEMBERSHIPS PAST AND/OR PRESENT IN **ANY** ORGANIZATION.

28. ORGANIZATION NAME	TYPE (SOCIAL,	OFFICE	MEMBERSHIP
AND ADDRESS	PROFESSIONAL, ETC.)	HELD	FROM / TO
_____	_____	_____	_____/____
_____	_____	_____	_____/____
_____	_____	_____	_____/____
29. HOBBIES & SPORTS	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY	
_____	_____	_____	
_____	_____	_____	

30. COMMUNITY ACTIVITIES

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31. AWARDS, COMMENDATIONS OR SPECIAL RECOGNITIONS

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**OTHER INFORMATION:**

32. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT PREVIOUSLY MENTIONED WHICH MAY AFFECT YOUR SUITABILITY TO JOIN LAW ENFORCEMENT EXPLORER POST 911? YES / NO

IF YES, EXPLAIN IN DETAIL ON THE BACK OF THIS SHEET.

33. PLEASE EXPLAIN ON THE BACK OF THIS SHEET OR A SEPARATE PIECE OF PAPER WHY YOU WANT TO BECOME A PLANO POLICE LAW ENFORCEMENT EXPLORER.

34. PLEASE ATTACH COPIES OF THE FOLLOWING:

- MOST RECENT SCHOOL REPORT CARD
- DRIVER LICENSE

# PARENTAL CONSENT FORM

9/7/01

Whereas, \_\_\_\_\_, desires to participate in a  
Print Name of Explorer Applicant  
program being conducted by the Plano Police Department for young adults with an interest in Law Enforcement.

It is HEREBY UNDERSTOOD AND AGREED that in consideration of the Plano Police Department conducting such activities and providing facilities for a program in connection with the Exploring Division of the Boy Scouts of America, ( we / I ) hereby agree to allow him / her to participate.

\_\_\_\_\_  
Parent's Signature Date

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## CONSENT TO MEDICAL TREATMENT FORM

I / We are the natural parents or guardian of \_\_\_\_\_,  
Print Name of Explorer Applicant

a minor, who is participating in certain programs sponsored by the Plano Police Department. In the event that I / We cannot be contacted and the said minor shall, by reason of accident, illness, or injury, require any character of medical treatment or surgery, including any and all diagnostic procedures or drugs related thereto, this instrument will authorize the Chief of Police, of the Plano Police Department, or his designate, including any sworn Police Office of the Plano Police Department, Plano, Texas, to consent to the medical treatment of said minor and to do each and every act necessary to provide for said medical treatment.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Street Address City/State/Zip

(H) \_\_\_\_\_ (W) \_\_\_\_\_

**Please list below or on the back any allergies or medication used by the above minor:**

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## WAIVER OF LIABILITY

EXPLORER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_

PARENTS OR GUARDIANS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

RELATIONSHIP TO EXPLORER: \_\_\_\_\_

THE STATE OF TEXAS @

COUNTY OF COLLIN @

CITY OF PLANO @

KNOW ALL MEN BY THESE PRESENTS:

That we the undersigned \_\_\_\_\_, and \_\_\_\_\_, the legal parents and guardians of \_\_\_\_\_ minor (16 years of age or younger) / not minor (17 years of age or older), as an inducement to the City of Plano to allow him/her to participate in its ride along and/or Exploring programs, and for and in consideration of the City of Plano granting the privilege to him/her to participate in the ride along and/or Exploring programs including riding as a guest and voluntary observer in a police patrol vehicle, and to accompany an officer or officers of the Plano Police Department on patrol and in the exercise of their duties, and recognizing that police activity involves certain inherent dangers, including but not limited to: motor vehicle accidents, vehicular pursuits, foot pursuits, apprehension of suspects, answering calls for assistance from citizens and other officers, and the possibility of physical danger, harm, accidents, and injuries, do hereby agree to and assume any and all risks attendant to any incident, action, occurrence or activity occurring on public, private, or other property, which affects him/her or us in any manner whatsoever, and do hereby release the City of Plano, its officials, Police Department, officers, agents and employees, in both their public and private capacities, from any liability, claims, suits, demands or causes of action belonging to him/her or to us as parents or guardians which may arise in any manner whatsoever from riding with or accompanying an officer or officers of the Police Department as guest and voluntary observer, including liability, claims, suits, demands or causes of action which arise from the negligence or acts or omissions of the City of Plano, its officers, agents, employees and officials.

It is further agreed that the execution of this release shall not constitute a waiver by the City of Plano, its officers, agents, officials, and employees, of the defense of governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statute, Article 6701b, V.A.T.S., or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

We certify that we have read the foregoing instrument, that we understand its terms and conditions, that we make this waiver voluntarily, and that we have not relied upon any representations made by the City of Plano, or its officers, agents, officials, or employees in signing this release. We further certify that we understand that in making this waiver of liability, we are making a decision of substantial legal significance concerning our child and ourselves.

_____	_____
Parent/Guardian Signature	Parent/Guardian Signature
_____	_____
Printed Name	Printed Name

of \_\_\_\_\_

Printed Name of Explorer Applicant

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he or she has executed the same for the purposes and considerations therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, Notary Public in and for \_\_\_\_\_ County, Texas.

\_\_\_\_\_

Signature of Notary

\_\_\_\_\_

Name of Notary

\_\_\_\_\_

Date Commission Expires