

**PORT HURON POLICE DEPARTMENT
EXPLORER POST 2008
APPLICATION
(Please type or print neatly)**

NAME:

(First) _____ (Middle) _____ (Last) _____

DATE OF BIRTH _____ PHONE _____

WORK _____

CELL _____

ADDRESS _____

CITY _____ STATE/ZIP _____

DRIVER'S LICENSE # _____ SOC. SEC. _____

SCHOOL/GRADE _____ GPA _____

EMPLOYER/S _____

MOTHER _____ PHONE _____

ADDRESS _____ CELL _____

WORK _____

FATHER _____ PHONE _____

ADDRESS _____ CELL _____

WORK _____

REFERENCES

NAME _____ RELATION _____

ADDRESS _____ PHONE _____

NAME _____ RELATION _____

ADDRESS _____ PHONE _____

HOBBIES AND INTERESTS: _____

HOW DID YOU HEAR ABOUT OUR EXPLORER PROGRAM? _____

HAVE YOU EVER BEEN ARRESTED? _____

HAVE YOU EVER BEEN WARNED BY A POLICE OFFICER? _____

TRAFFIC TICKETS? _____

ARE YOU A SMOKER? _____

HAVE YOU EVER GOT DETENTION OR HAVE BEEN SUSPENDED FROM SCHOOL?

I certify that the information in this application is true, complete, and correct to the best of my knowledge and understand that falsification and omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application and not being accepted as an Explorer.

DATE: _____ SIGNATURE: _____

PORT HURON POLICE DEPARTMENT
EXPLORER POST 2008
WAIVER OF LIABILITY AND AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

In consideration of processing my application for exploring, I _____,
Irrevocably agree to the following conditions and terms:

1. I authorize the Police Department to investigate my personal and employment background. In doing so, I authorize you to contact my family members, school, references, and employers and give them the right to release information regarding my background. I authorize you to conduct Criminal and Driving backgrounds, to obtain information regarding my Criminal and Driving History.
2. I hereby expressly waive any legal rights I may have as to confidentiality or privacy of information related to me which the Port Huron Police Department in its sole discretion, deems necessary for the purposes of preparing my background investigation for exploring.
3. I hereby state that I understand my rights under Title 5, United States Code, Section 552A (The Privacy Act of 1974), and waive those rights with the understanding that information collected by the Port Huron Police Department will be used for the purpose of the application and being accepted as an explorer.
4. I hereby release from liability the City of Port Huron, the Port Huron Police Department, and any Port Huron Police Officer's who conduct my background investigation, as well as all persons and/or entities who shall furnish any information or opinions regarding my background investigation from any legal actions.
5. I understand, that if I am under 18 years of age I must have a parent or guardian signature to allow the Port Huron Police Department to conduct a background investigation.

DATE _____ SIGNATURE _____

DATE _____ PARENT/GUARDIAN SIGNATURE _____