Thank you for your interest in the Auburn Police Departments Explorers program. The Law Enforcement Exploring Post #726 is designed for young men and women who live in or near the city of Auburn, as a mentoring and training program for young adults to become familiar and involved in law Enforcement; to further their knowledge and understanding of the criminal justice system through training; and to provide an in-depth look into all aspects of a peace officer as a possible profession. The Explorers Post is a community service program which participates in active community events throughout the year. While actively becoming a part of their community, the Explorers generate a better understanding of what it takes to become a professional Law Enforcement Officer, and their everyday way of life.
READ CAREFULLY

Enclosed you will find an application, background packet and a medical information form. It is a normal part of the Police Department procedure to perform checks (records and reference) on the suitability of new Explorers due to the sensitivity of information you will be working with. Included in the background packet is an in-processing form (used for the record check), two reference check forms that require your signature. If there are any questions at any time during the application process do not hesitate to contact the Head Advisor at 770-513-8657 ext 219. ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY. If a question does not apply enter N/A in the space provided. Falsification or failure to include information as directed will be considered for grounds on non-acceptance or termination if already a member. A letter of recommendation from a professional, friend, neighbor, pastor, principal, or an associate will aid in your acceptance in the Explorers program.

EXPLORERS PROGRAM REQUIREMENTS

1. MUST be between the ages of 14-20
2. MUST have and maintain a GPA of C or better
3. MUST pass a background investigation and oral interview
4. MUST be able to attend all training sessions.
5. MUST be willing and able to attend monthly meetings, special police training, community service events, and post fundraising events.
6. MUST have parents or legal guardian’s permission to ride along with Patrol Officers. MUST be at least 16 years of age. MUST maintain a good attendance for meetings, events, and activities.
7. MUST join Learning For Life Exploring Post #726, annual fee of $10.
8. Applicants will be notified upon acceptance. All new Explorers will undergo a 6 month probationary period
9. MUST be able to buy a class B uniform which will consist of a black tee-shirt, black BDU’s, and black boots. One time fee of $50.

All interested persons should contact 770-513-8657 ext 219
or mail applications to:

ATTN: Officer Aaron Hudson
Auburn Police Department
1361 4th Avenue Auburn, GA 30011
E-Mail to: APD814@yahoo.com
Date of application____________________

NAME________________________________________________________
   (Last)         (First)         (MI)

Date of Birth____________________ Age____________________

Address____________________________________________________________________
   (Number)         (Street)

________________________________________
   (City/State)         (Zip)

Home Phone____________________ Work____________________

Cell____________________ E-Mail________________________________

Sex_____ Race_______ Place of Birth________________________________

HT______ WG_______ Eyes_______ SS#____________________

How did you hear of about this Program?

________________________________________
SCHOOL INFORMATION

School __________________________ Year _______ GPA ________
(CURRENT or last school attended)

Counselor __________________________ Phone Number ________________

EMPLOYMENT INFORMATION

Employer __________________________________________________________
(Business Name) (Job Title)

Supervisor Name __________________________________________________

Address __________________________________________________________
(Number) (Street) (City/State) (Zip)

Phone Number _________________________________________________

LIST 2 (TWO) PERSONAL REFERENCES:
OTHER THAN RELATIVES

Name __________________________ Phone __________________________

Address __________________________ Relationship __________________

Name __________________________ Phone __________________________

Address __________________________ Relationship __________________
PARENT/GUARDIAN(s) INFORMATION:

Which Parent/Guardian do you live with? (Circle One)

Mother    Father    Both    Guardian

Mother’s Name __________________________ Phone __________________________

Address ______________________________________________________________

Father’s Name __________________________ Phone __________________________

Address ______________________________________________________________

Guardian’s Name __________________________ Phone __________________________

Address ______________________________________________________________

The information in this packet is accurate to the best of my knowledge

_____________________________________________________________________

(Applicant Signature)

This information has been reviewed and verified by

_____________________________________________________________________

(Parent/Guardian(s) signature required if under 18 yrs of age)

(IF UNDER 18, PROVIDE A LETTER FROM YOUR PARENTS STATING HOW THEY WILL BACK AND SUPPORT YOU IN THIS PROGRAM)
PERSONAL INFORMATION

NAME OF APPLICANT______________________________

DO YOU POSSESS A VALID DRIVERS LICENSE? _____ (IF YES THE FOLLOWING MUST BE COMPLETED)

STATE________NUMBER________________________CLASS_______

EXPIRATION DATE____________

HAS YOUR LICENSE EVER BEEN SUSPENDED/ REVOKED? _____
(If yes, Give dates and reason)

________________________________________________________________________

DO YOU OWN VEHICLE? _______

YEAR____MAKE_____________MODEL________________________

VEHICLE LICENSE NUMBER____________________

LIST ALL TRAFFIC TICKETS YOU HAVE RECEIVED:

MONTH/YEAR   CHARGE   LOCATION   DISPOSITION

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT (As a Driver)? __________

IF YES, GIVE DATES AND LOCATIONS

_____________________________________________________________________

_____________________________________________________________________

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? _______ (IF YES, EXPLAIN IN DETAIL)

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ACCEPTED A PLEA BARGAIN AS A JUVENILE OR ADULT? ___________ (If yes, please complete the following)

<table>
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<th>OFFENSE</th>
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<th>DISPOSITION</th>
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GENERAL INFORMATION:

IF YOU ARE UNDER THE AGE OF 18, DO YOU USE TOBACCO? ____
(If yes, then explain in detail)

_________________________________________________________

_________________________________________________________

IF YOU ARE UNDER THE AGE OF 21, DO YOU CONSUME
ALCOHOLIC BEVERAGES? ____ (If yes, then explain in detail)

_________________________________________________________

WHY DO YOU WANT TO BECOME AN EXPLORER?

_________________________________________________________

_________________________________________________________

_________________________________________________________

IF ACCEPTED INTO THIS PROGRAM, WHAT WILL BE YOUR
PERSONAL GOALS?

_________________________________________________________

_________________________________________________________

_________________________________________________________

DO YOU HAVE YOUR PARENTS SUPPORT IN JOINING? _________

ARE YOU WILLING AND ABLE TO ATTEND MEETINGS EVERY
TUESDAY AT 7:00PM-9:00PM AT THE AUBURN POLICE
DEPARTMENT? _____________
ARE YOU WILLING TO PARTICIPATE IN MONTHLY COMMUNITY SERVICE ACTIVITIES? ______________

ARE YOU WILLING TO TRAVEL OUT OF STATE FOR EXPLORERS COMPETITIONS? ______________

LIST ANY COMMUNITY SERVICE ORGANIZATIONS, SOCIAL, SCHOOL, OR OTHER GROUPS THAT YOU ARE A PART OF, OR HAVE BEEN A PART OF:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

LIST ANY COURSES OR TRAINING YOU FEEL WOULD HAVE AN EFFECT ON THE EXPLORERS POST:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

The information in this packet is accurate and truthful to the best of my knowledge:

__________________________________________  (Date)

(Applicant Signature)  

This information has been reviewed and verified by:

__________________________________________  (Date)

(Parent/Guardian Signature if under 18 yrs of age)  


BACKGROUND CHECK & RELEASE FORM

I, (your name)_____________________________, date of birth________________
Do hereby authorize the City of Auburn Police Department designee, and or
Head Advisor with the Auburn Police Explorers Post #726 to have access to
any records your agency may have concerning me.

______________________________  __________________________
(Applicant Signature)            (Date)

______________________________  __________________________
(Parent/Guardian Signature if under age of 18)  (Date)

THANKS FOR YOUR APPLICATION