



Champaign Police Department Law Enforcement Explorer Program Application



Thank you for your interest in our Explorer Program. Please fill out the information below, and return your completed application to the **Champaign Police Department at 82 East University Avenue, Champaign, IL 61820**. Please contact **Sergeant Dennis Baltzell (217) 403-6946** or **Mary Mullen at (217) 403-6911** for more information.

Date: _____

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE:	AGE:	SEX:	S.S. #:	D.O.B.:
					- -	/ /
HOME ADDRESS:		CITY:	ZIP CODE:	PLACE OF BIRTH:		
HOME PHONE:	CELL PHONE:			WORK PHONE:		
EMAIL ADDRESS(ES):						

CRIMINAL HISTORY AND DRIVING RECORD

ILLINOIS DRIVERS LICENSE NUMBER:	HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?	
	YES	NO
HAVE YOU EVER BEEN ARRESTED? YES NO		
IF YES, PLEASE EXPLAIN:		
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO		
IF YES, PLEASE EXPLAIN:		

TRAFFIC CITATIONS AND ACCIDENTS FOR PAST TWO (2) YEARS:

EMPLOYMENT/SCHOOL

CURRENT EMPLOYER/SCHOOL:

ADDRESS:

PHONE:

POSITION:

DIRECT SUPERVISOR:

DATES:

TO

DUTIES:

MAY WE CONTACT YOUR EMPLOYER?

MILITARY SERVICE

BRANCH OF SERVICE:

RANK:

PAY GRADE:

DATES OF ACTIVE SERVICE:

TYPE OF DISCHARGE:

TO

REFERENCES

*** PLEASE FURNISH THREE (3) PERSONAL REFERENCES. PLEASE DO NOT LIST RELATIVES, AND ONLY LIST PEOPLE WHO HAVE KNOWN YOU FOR A MINIMUM OF TWO (2) YEARS. PLEASE PROVIDE ALL INFORMATION REQUESTED.**

NAME:

YEARS ACQUAINTED:

HOME PHONE:

CELL PHONE:

EMAIL:

ADDRESS:

NAME:

YEARS ACQUAINTED:

HOME PHONE:

CELL PHONE:

EMAIL:

ADDRESS:

NAME:

YEARS ACQUAINTED:

HOME PHONE:

CELL PHONE:

EMAIL:

ADDRESS:

How did you hear about the Explorer Program?

--

Why do you wish to participate in the Explorer Program?

Certification

I agree to submit to the department’s selection process and understand that I must successfully complete this process before being given final consideration for acceptance into the Explorer Program.

I hereby authorize my employer, educational institutions, and any other persons or individuals to furnish any information concerning me, whether or not it is on their records, and I release them and their companies from any liability whatsoever. I certify that all statements given in this application are true and correct. I realize that falsification or misrepresentation on this or any other record may result in my not being accepted to the Explorer Program.

I have read and understand the above:

(Printed Name)

(Date)

(Signature)

(A Parent/Guardian signature is required if applicant is under 18 years old)