

**BLOOMINGTON POLICE
LAW ENFORCEMENT
EXPLORER
POST 624**



Application

Name: _____

<input type="checkbox"/> Applicant <input type="checkbox"/> Renewal
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Bloomington Law Enforcement Explorer Post 624 is a division of the **Bloomington Police Department**. You will be trained in police practices and be exposed to classified information. Because of this, an intensive background investigation is performed on **all** applicants. Please fill out this application as completely as possible using a black pen or a typewriter. If a question does not apply to you (such as Drivers License information) please place **N/A** in the appropriate space. If you have any questions please feel free to contact an Advisor or Explorer Officer.

Thank you

PERSONAL INFORMATION

Name: _____
Last First Middle

Date of Birth: _____

Address: _____
Street

City State Zip

Phone: _____
Home (Pager)

Parents Information

Mothers name: _____
Last First Middle

Address: _____
Street

City State Zip

Phone: _____
Home Work

Fathers name: _____
Last First Middle

Address: _____
Street

_____ City State Zip

Phone: _____
Home Work

Brothers and Sisters: (Names and Birthdates)

School

Name of School: _____
Grade: _____

Counselor: _____

Classes: _____

Sports/Clubs/Activities: _____

Drivers License Information:

State: _____

Number: _____

List tickets within the last 3 years:

City	Charge	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accidents within the last 3 years:

City	Date
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever been charged or convicted of ANY crime? Y N

Please give details to the above question AND list any police contacts:

Work Experience:

Name	Dates worked	Supervisor	Reason left
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal References:

Please list people you have know for at least 3 years

Peers

Name	Years Known	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adults

Release:

The above information is true to the best of my knowledge. I authorize a representative of the Bloomington Police Department/Explorer Post to contact any of the people I have listed to verify my application to the Bloomington Law Enforcement Explorer Post.

Applicants Signature

Date

Parents Signature
(If under 18 yoa)

Date

