



CORAL SPRINGS

Police Department
Explorer Post # 276

Youth Application

COMPLETE IN BLACK INK, PRINT PLAINLY, PLEASE ANSWER ALL QUESTIONS IN FULL

Date Application Completed: _____

Name (First Middle Last): _____ Date Of Birth: _____

Address: _____ Phone Number: _____

Address

City State Zip

Social Security Number: _____ - _____ - _____ Fl. Driver License Number _____

Education Information:

Name of School Presently Attending: _____

Check Highest Grade Of School Completed: 8 9 10 11 12 College: 1 2 3 4

High School Graduate? Yes No Comment: _____

Special Qualifications/Skills: _____

Personal Information (this may be used to perform a criminal history check, this may help differentiate you from someone else):

Race: _____ Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Distinguishing Marks: _____

Employment (list your present employer first, then your most recent employer):

1. Employer: _____ Phone: _____

Position: _____ Specific Duties: _____

Reason For Leaving: _____

2. Employer: _____ Phone: _____

Position: _____ Specific Duties: _____

Reason For Leaving: _____

Questions:

Do you now, or have you ever used habit-forming drugs/alcohol to excess? Yes No

- If yes, explain: _____

Have you ever been convicted for anything other than minor traffic violations? Yes No

- If yes, explain when, where, and what the charge was: _____

Medical:

List all medical problems or conditions, past and present, please include any communicable condition. Be specific:

References:

List three (3) personal references who are not related and are over twenty-one (21) years of age.

Name	Address (street, city, state)	Telephone Number
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1.

2.

3.

Emergency Contacts:

Name	Address (street, city, state)	Telephone Number	Relation
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1.

2.



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Law Enforcement Explorer Recruitment Section Authorization For Release Of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Coral Springs Police Department, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, medical and psychiatric treatment and/or consultation, including hospitals, clinics, and private practitioners; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly, in whole or in part, upon release authorization will be considered in determining my suitability for membership to the City of Coral Springs Police Department's Explorer program and its affiliation with Learning For Life. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

APPLICANT SIGNATURE

WITNESS SIGNATURE

(Parent/legal guardian, if applicant is under eighteen (18) years of age)

Applicant Address: _____

Address

City

State

Zip

Date Of Birth: _____

Telephone Number: _____

Review your application! Check your spelling, addresses, and telephone numbers. Once you have finished, look it over again and make sure you signed/dated everything. Lastly, turn it in! We can not accept applications e-mailed or faxed to us, as all applications require original signatures. Be sure to review our Web Site (<http://www.geocities.com/cspdex>) or speak with a Post representative to ensure you qualify. Do not alter this document; the alteration of this document may be dealt with as a criminal act. Thank you for your interest in our program!