



Bethalto Police Department

Law Enforcement Explorer Post #500

213 N Prairie St – Bethalto, IL 62010

LAW ENFORCEMENT EXPLORER APPLICATION

Due to the nature of this program, the situations you will be involved in, and the information you will have access to; it is imperative that we thoroughly screen all applicants. Therefore we require that all information be filled out COMPLETELY.

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____ / _____ / _____
Last First Middle Initial Month Day Year

Address: _____
Street City State Zip Code

Phone Number: _____ / _____ How long have you lived at the above address? _____ Years
Home Cellular

Driver's License #: _____ State: _____ Expiration: _____

Firearm Owner's Identification #: _____ Social Security #: _____

PARENT(S) / LEGAL GUARDIAN(S) INFORMATION:

Name: _____ Relationship: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone Number: _____ / _____ EMERGENCY Number: _____
Home Cellular

Name: _____ Relationship: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone Number: _____ / _____ EMERGENCY Number: _____
Home Cellular

EMPLOYMENT HISTORY:

LIST BELOW YOUR MOST RECENT JOB

Employer: _____

Address: _____
Street City State Zip Code

Position: _____ Supervisor: _____ Phone Number: _____

REFERENCES:

PLEASE PROVIDE THE NAMES OF TWO INDIVIDUALS WHOM ARE AT LEAST 21 YEARS OF AGE, AND NOT RELATED TO YOU

Name: _____ Relationship: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone Number: _____ / _____
Home Cell

Name: _____ Relationship: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone Number: _____ / _____
Home Cell

BACKGROUND INFORMATION

- 1. Are you interested in entering the law enforcement field? Yes No
- 2. Are you available to volunteer your time to benefit this post? Yes No
- 3. Are you interested attending training seminars? Yes No
- 4. Will you sign a personal injury waiver of liability form? Yes No
- 5. Are you in good physical condition? Yes No

If not, explain why _____

6. Have you ever been arrested? [] Yes [] No

If so, explain why and by whom _____

“I _____ hereby certify that the facts contained in this application are true and correct to the best of my knowledge and understand, if accepted, falsified statements on this application shall be grounds for dismissal from this program.

Signature of Applicant Date

Signature of Parent / Legal Guardian, if under 18 years of age Date