

FAIRFIELD POLICE DEPARTMENT

POLICE EXPLORER APPLICATION

APPLICANTS NAME (last, first middle)					
DOB	SEX	HAIR	EYES	HEIGHT	WEIGHT
ADDRESS (please include city and zip code)				HOME PHONE	
SOCIAL SECURITY NUMBER			CALIFORNIA DRIVERS LICENSE #		
FATHER (list address if different than above)				HOME/ WORK NUMBER	
MOTHER (list address if different from above)				HOME/ WORK NUMBER	
SCHOOL		COUNSELOR		GRADE	GPA
EXTRACURRICULAR ACTIVITIES					
EMPLOYMENT INFORMATION (begin with most current)					
HIRE DATE	LEAVE DATE	BUSINESS/ PHONE NUMBER	POSITION/ DUTIES	SUPERVISOR	REASON LEFT
1.					
2.					
3.					
ARE YOU RELATED TO A CITY OF FAIRFIELD EMPLOYEE? <input type="checkbox"/> NO <input type="checkbox"/> YES					
NAME					
HAVE YOU EVER RECEIVED A TRAFFIC CITATION?					
1. CITATION DATE/ VIOLATION/ CITY			2. CITATION DATE/ VIOLATION/ CITY		
HAVE YOU EVER BEEN ARRESTED/ CITED FOR ANY VIOLATION OR HELD IN CONFINEMENT?					
1. VIOLATION DATE/ VIOLATION/ CITY			2. VIOALTION DATE/ VIOALTION/ CITY		
Have you ever used any illegal drugs or narcotics? <input type="checkbox"/> NO <input type="checkbox"/> YES					
Do you have any physical disability or infirmity? If so explain _____ <input type="checkbox"/> NO <input type="checkbox"/> YES					
Have you ever been discharged or forced to resign from a position? <input type="checkbox"/> NO <input type="checkbox"/> YES					
REFERENCES (List three not related to you)					
NAME	ADDRESS		HOME PHONE		WORK PHONE
1.					
2.					
3.					
<p><i>The undersigned hereby authorizes the release to the Fairfield Police Department representative any information pertaining to my education, police or medical records, to determine my qualifications for a Fairfield Police Cadet. I also understand that falsification of information given will void this application will be accepted. I further certify that the information contained herein is true and correct to the best of my knowledge.</i></p>					
SIGNATURE		PARENT/ GUARDIAN SIGNATURE		DATE	