

Saline County Sheriff's Office
Law Enforcement Explorer Program

Explorer Application

Name: _____ Date of Birth _____

Address: _____

Home Phone _____ Social Security Number _____

Driver's License No. _____

School in Attendance _____ Grade Enrolled _____

Place of Employment _____ Work Phone _____

Parents/Guardian Name: _____

If you have separated or divorced parents please use this space to give the name and address of parent you are not living with:

Character References:

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

Explorer Commitment

I understand that I am applying for a position with the Sheriff's Office Explorer Program. This is a division of the Sheriff's Office and carries with it several responsibilities on my part. I will truthfully answer the questions listed below to assist the advisors in my application procedures.

1. Have you ever been charged with a crime: Yes ____ No ____ If yes please explain along with the court decision on your case:

2. What is your grade point average in school: A - 4.00 _____ B - 3.00 _____
C - 2.00 _____ D - 1.00 _____ F - 0.00 _____ If below a 2.00 please explain why:

3. Have you ever had any problems where law enforcement was involved? Yes _____ No _____

If yes explain, _____

4. Why do you want to be an Explorer?

I understand that the Saline County Sheriff's Office Explorer Program is a program of elite individuals who must uphold the high standards of being a Law Enforcement Officer. I understand this fully and am applying to this organization.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____
(If applicant under 18)