



# Pueblo Police Department

Explorer Post #108

## BASIC REQUIREMENTS LAW ENFORCEMENT EXPLORER PROGRAM

**AGE:** Explorer / Cadet - Minimum Age 14 (Completed 8<sup>th</sup> grade),  
or 15 years of age and not yet 21

**EDUCATION:** Minimum 2.0 academic grade point average prior to and maintained after  
appointment.

**PHYSICAL FITNESS:** Good physical and mental health.

**UNITED STATES CITIZENSHIP:** Applicant must be must be able to communicate  
effectively in written and spoken English.

**OTHER REQUIREMENTS:** Possess the qualities of honesty, maturity, self-discipline  
and initiative. Have a desire to learn.

Make a commitment to volunteer time to serve the agency and community. Have parent  
/ guardian approval to participate in Explorer activities.

### APPLICATION PROCESS:

1. Complete and submit a Law Enforcement Explorer Application.
2. Background Investigation is conducted to include criminal records, police contacts,  
driving record, and interviews with associates, references, neighbors, and other  
pertinent sources.
3. Oral Interview.

Last name \_\_\_\_\_

First Name \_\_\_\_\_

APPLICANT DISQUALIFICATION FACTORS:

Applicants are advised that areas for disqualification from further consideration include, but are not limited to, the following:

- A. Current use of non-prescribed or illegal drugs, or abuse of prescription drugs.
- B. Any felony conviction, some misdemeanor convictions, to include domestic violence charges.
- C. Police history - type, frequency and nature of contacts(s).
- D. Driving Record.
- E. Outside activities, which may be classified as a conflict of interest?
- F. Revelation of assaultive behavior via background investigation or by the admission of the applicants
- G. Unsuccessful completion of any basic requirement.

I certify that I have read the requirements set forth for the position applied for, and attest that all statements made by me on the application are true and any false statements will result in disqualification for consideration as a member of the Law Enforcement Explorer program.

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Signature

Date

METHOD OF REFERRAL (Newspaper, friends, etc.): \_\_\_\_\_  
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**INSTRUCTIONS**

1. Answer all questions completely. If a question is not applicable, write "N/A". Write "Unknown" if you do not know the answer and cannot obtain the answer from your records.
2. Type, print, or write legibly. It is imperative that all information is accurate and up-to-date. Information on names, address and references must be correct in order to process this application.

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**YOUR ADDRESS:**

\_\_\_\_\_  
Street City State Zip

PHONE # HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMERGENCY NOTIFICATION:

\_\_\_\_\_  
Name Address Phone

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

STATE OF \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_

OTHER LICENSES HELD AND NUMBERS: \_\_\_\_\_

**EDUCATION:**

Circle highest grade completed: 8 9 10 11 12 13 14 15 16

High School:

\_\_\_\_\_  
Name Address Zip

Date of graduation from high school (or completion of GED):

\_\_\_\_\_  
College, University or Trade School:

\_\_\_\_\_  
Name Address State Zip

**CURRENT EMPLOYER:**

Address:

\_\_\_\_\_  
Street City State Zip

Employed From: \_\_\_\_\_ to: \_\_\_\_\_

Highest Position Held and Duties:

\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone:

\_\_\_\_\_

Pueblo Police Department  
200 South Main, Pueblo, Colorado, 81003

LAW ENFORCEMENT EXPLORER PROGRAM  
AUTHORITY FOR RELEASE OF INFORMATION  
Name of Applicant

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Date of Birth

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Social Security Number

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Date

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This release, or photocopy of same, when presented by an authorized representative of the Pueblo Police Department's Office, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive

Statements and information regarding:

School records, local police records, driving records and employment information. This shall be done with full knowledge and understanding that the Pueblo Police Department may use, consider or disclose such information, statements, records, with the scope of their official duties and responsibilities. This authorization is given in connection with a full background investigation being conducted relative to my application as a Law Enforcement Explorer with the Pueblo Police Department.

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Signature

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Address

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City State ZIP

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Witness

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Pueblo Police Department  
200 South Main Street,  
Pueblo, CO, 81003

**LAW ENFORCEMENT EXPLORER PROGRAM  
RELEASE OF LIABILITY WAIVER**

I, \_\_\_\_\_, for myself, my heirs, and my personal representatives hereby assume all risk of personal injury or death and property damage or loss from whatever causes arising, while I am on City premises and/or while I am engaged in Pueblo Police department's Explorer Program and release the Pueblo Police, its officers, agents and employees from any liability therefore, directly or indirectly, and will defend, indemnify and save harmless the city, its officers agents and employees from any such liability, whether or not arising out of negligent or willful actions or the failure to act on the part of the City, its officers, agents and employees. The consideration for my agreements herein is my being allowed to engage in the activity identified above. (Further, I certify that I am over 18 years of age.)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

*If participant is under the age of 18 years,  
the following section must be completed.*

I, \_\_\_\_\_, being a parent or legal guardian of \_\_\_\_\_, a child, for myself, my heirs and my personal representatives, hereby agree to defend, indemnify, and save harmless Pueblo Police Department, its officers, agents, and employees, from any action brought by or on behalf of the above-named child arising out of the Pueblo Police Department's Explorer Program. The consideration for my agreements herein is the City allowing said child to engage in this activity.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature