



Name of Applicant: (Last, First, Middle)					
Date of Application:					

READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY

Those persons responsible for accepting applicants into the Goodyear Police Explorer Program will evaluate this questionnaire. It will be reviewed as part of a background investigation into your personal history.

ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS QUESTIONNAIRE AND COMPLETE AN INTERVIEW AS PART OF THE APPLICATION PROCESS.

ANY FALSE, MISLEADING, OR INCOMPLETE INFORMATION OR FAILURE TO FOLLOW INSTRUCTIONS LISTED BELOW WILL BE GROUNDS TO DISQUALIFY YOU FOR MEMBERSHIP IN THE GOODYEAR POLICE EXPLORER PROGRAM.

FOLLOW THESE DIRECTIONS CAREFULLY

- USE INK TO COMPLETE THIS QUESTIONNAIRE.
- COMPLETE THE QUESTIONNAIRE IN YOUR OWN HANDWRITING OR PRINTING. <u>DO NOT TYPE OR HAVE SOMEONE ELSE COMPLETE IT FOR YOU.</u>
- WRITE OR PRINT LEGIBLY.
- READ EACH QUESTION CAREFULLY.
- ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- ANSWER ALL QUESTIONS.
- IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
- IF YOU NEED ADDITIONAL SPACE, WRITE ON THE CONTINUATION PAGE.
- BEFORE RETURNING THIS QUESTIONNAIRE, READ AND SIGN THE LAST PAGE. IF YOU ARE UNDER 18 YEARS OLD, YOU MUST ALSO HAVE A PARENT OR GUARDIAN SIGNATURE.





1. PERSONAL DATA

LAST	NAME	FIRST NAME	MIDD	LE NAME		HOME PHONE	E	WO	RK PHONE	
CURR	RENT ADDRESS					CITY		STA	TE	ZIP CODE
AGE	DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE	Н	IEIGHT	WEIG	НТ	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NUMBER LIST ANY OTHER NAMES YOU HAVE EVER USED										

2. ADDRESS HISTORY

STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS, DO NOT FORGET TO INCLUDE ZIP CODES.

D	ATES	STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	ТО					
	PRESENT					

3. REFERENCES

LIST THREE (3) REFERENCES (NOT RELATIVES, FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST THREE YEARS.

NAME		STREET ADDRESS			RESIDENCEBUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE BUSINESS PHONE
NAME		STREET ADDRESS			RESIDENCEBUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE BUSINESS PHONE
NAME		STREET ADDRESS			RESIDENCEBUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP	HOME PHONE BUSINESS PHONE





4. EDUCATION

INDICATE BY CHECKING THE SELECTION BELOW IF YOU HAVE ANY OF THE FOLLOWING:

HIGH SCHOOL DIPLOMA G.E.D. CERTIFICATE							
ARE YOU CURRENTLY ATTENDING SCHOOL? YES NO							
IF YES, WHAT	SCHOOL ARE YOU ATTENDING?						
HAT GRADE ARE Y	YOU CURRENTLY IN? WI	HAT IS YOUR CURRENT GR	ADE POINT AVE	RAGE?			
	JUNIOR HIGH, HIGH SCHOOL, OR COLLE			-			
DATES	NAME OF SCHOOL	ADDRESS IF OUTSIDE	OF GOODYEAR	YEAR IN SCHOOL			
HAVE YOU EVER	BEEN SUSPENDED, DISCIPLINED, O	R EXPELLED FROM ANY SO	CHOOL? YES	_ NO			
IF YES, PLEASE EXPLAIN:							
5. EMPLOYMENT HISTORY							
HAVE YOU EVER	BEEN EMPLOYED? YES NO_	ARE YOU CURRENT	LY EMPLOYED?	YES NO			
	ER BEEN EMPLOYED BEFORE, HAVE OYMENT? YES NO_		SISMISSED OR AS	KED TO RESIGN			
IF YES, PLEASE E	EXPLAIN:						

IF YOU <u>HAVE NOT</u> BEEN EMPLOYED BEFORE, YOU MAY SKIP THE FOLLOWING SECTION. IF YOU <u>HAVE</u> BEEN EMPLOYED BEFORE, YOU NEED TO COMPLETE THE SECTION ON THE FOLLOWING PAGE.





EMPLOYMENT HISTORY (CONT'D)

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED. PLEASE KEEP THEM IN PROPER ORDER, LIST ALL EMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYMENT. YOU MUST LIST EVERYTHING, OMIT NOTHING.

(IF ADDITIONAL SPACE IS NEEDED, COMPLETE ON THE CONTINUATION PAGE)

CURRENT EMPLOYER	NAME OF BUSINESS		JOB TITLE	
EWIFLOTER	STREET ADDRESS		SUPERVISOR	
FROM:	CITY PHONE NUMBER		STARTING SALARY	
TO PRESENT	STATE	ZIP CODE	ENDING SALARY	
DESCRIBE YOUR DUTIES:				
DEACON FOR LEAVING.				
REASON FOR LEAVING:				
EMPLOYER	NAME OF BUSINESS		JOB TITLE	
	STREET ADDRESS		SUPERVISOR	
FROM:	CITY	PHONE NUMBER	STARTING SALARY	
TO:	STATE	ZIP CODE	ENDING SALARY	
DESCRIBE YOUR DUTIES:				
REASON FOR LEAVING:				
EMPLOYER	NAME OF BUSINESS		JOB TITLE	
	STREET ADDRESS		SUPERVISOR	
FROM:	CITY	PHONE NUMBER	STARTING SALARY	
TO:	STATE	ZIP CODE	ENDING SALARY	
DESCRIBE YOUR DUTIES:				
REASON FOR LEAVING:				





6. ARREST/CRIMINAL HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES AS BOTH A JUVBNILE AND AN ADULT. DO NOT INCLUDE MINOR TRAFFIC VILOATIONS. EXPLAIN ANY "YES" ANSWERS IN DETAIL ON THE CONTINUATION PAGE.

	HAD ANY CONTACT W		EMENT OFFICIAL?	YES	NO			
B. HAVE YOU EVER	B. HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL?							
C. HAVE YOU EVER	C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?							
D. HAVE YOU EVER	BEEN ACCUSED OF A C	CRIME?		YES	NO			
E. HAVE YOU EVER	BEEN CHARGED WITH	A CRIME?		YES	NO			
F. HAVE YOU EVER	BEEN ARRESTED?			YES	NO			
G. HAVE YOU EVER	BEEN CONVICTED OF A	A CRIME?		YES	NO			
H. HAVE YOU EVER	BEEN BOOKED INTO JA	AIL?		YES	NO			
I. HAVE YOU EVER	RECEIVED A CRIMINAL	CITATION?		YES	NO			
J. HAVE ANY OF YO FACILITY, JAIL OR I		EEN CONVICTED OR HE	ELD IN ANY DETENTION	YES	NO			
	E EVER BEEN CALLED	TO YOUR HOME FOR A	NY REASON?	YES	NO			
CERTAIN YOU HAVE EX	KPLAINED THE INCIDEN TTER (A THRU K) WHEN	IT ON THE CONTINUAT: EXPLAINING IT. ALL I		EFER TO TH	E			
	7. <u>D</u>	RIVING HISTORY						
HAVE	YOU EVER HAD A DRIV	ER'S LICENSE?	YES NO					
	LAIN IN DETAIL ON THE		OKED, OR SUSPENDED? Y SON FOR THIS ACTION AN W HOLD					
ISSUE DATE	TYPE OF LICENSE	EXPIRATION DATE	1	LICENSE NU	MBER			



MONTH/YEAR

GOODYEAR POLICE EXPLORER APPLICANT QUESTIONNAIRE

CITY AND STATE



DISPOSITON/RESULT

DRIVING HISTORY (CONT'D)

LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE EVER RECEIVED. LIST IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF YOU NEED MORE SPACE, USE THE CONTINUATION PAGE.

VIOLATION

IAVE YOU EVER I		CHARO	GED WITH DRIV	VING UNDER	R THE INFLUENCE OF A	ALCOH	OL OR	DRUGS?	
IAVE YOU EVER	BEEN I	NVOL	VED WITH AGO	GRAVATED,	AGGRESSIVE OR REC	KLESS	DRIVI	NG? YES	NO
			e lice o	E I IOUOI	R AND NARCOTICS	2			
A "YES" ANSWER	TO TE	IE OUI			T AUTOMATICALLY D		LIFY Y	OU FROM APP	LYING
					UNTRUTHFUL ANSWE				
TT A	VE VO	11 1237	ED CONCLUMES	AL COULT	DEVEDACEGO SZE	C		NO	
HA	VE YO	UEVE	ER CONSUMED	ALCOHOLIC	C BEVERAGES? YE	S		NO	
	DO Y	OU NO	W CONSUME A	ALCOHOLIC	BEVERAGES? YES		NO_		
YES. WHEN WA	S THE	LAST	TIME?	WHAT TYP	E OF ALCOHOL DID YO	DU COI	ISUMI	Ε?	
122, 1121, 111				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1001112		
IAVE YOU EVER TR TES NO		USED	ANY NARCOTIC	OR DANGER	OUS DRUG WITHOUT A D	OCTOR	'S PER	SCRIPTION?	
ES NO			(IF YES	S, EXPLAIN O	N THE BACK PAGE.)				
					DRUGS LISTED BELOW				IF YOU
TYPE	IAVE N YES	OT, CI NO	HECK THE "NO TOTAL # OF	" BOX. INCL DATE	UDE THE NUMBER OF	YES	NO NO	TOTAL # OF	DATE
TITE	1123	NO	TIMES USED	LAST	TILE	IES	NO	TIMES	LAST
				USED				USED	USED
MARIJUANA					COCAINE				
INHALANTS					HEROIN				-
THAI STICKS					OPIUM				
BARBITURATES					INJECTABLE				
					STEROIDS				
AMPHETAMINES (SPEED, ETC.)					ORAL STEROIDS				
(SPEED, ETC.)									
HASHISH					HALLUCINOGENIC				
					SUBSTANCES (LSD, PCP, MESCALINE,				
					MUSHROOMS, ETC.)				

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED A DRUG WITHOUT A DOCTOR'S PERSCRIPTION, EXPLAIN IT IN DETAIL ON THE CONTINUATION PAGE.

YOU MUST INCLUDE THE DATES AND NUMBER OF TIMES USED.





9. ORGANIZATION MEMBERSHIP

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ANTI-GOVERNMENT GROUP OR ORGANIZATION?

YES NO
(IF YES, EXPLAIN IN DETAIL BELOW.)
ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OR AFFILIATED WITH A GANG OR AN ORGANIZATION
THAT ADVOCATES OR APPROVES IN THE COMMISON OF ACTS OF FORCE OR VIOLENCE TOWARDS PEOPLE OR
PROPERTY?
YES NO
(IF YES, EXPLAIN IN DETAIL BELOW.)

10. EXPLANATION SECTION

THIS SECTION IS TO BE USED TO CLARIFY OR EXPLAIN ANY PART OF THIS QUESTIONNAIRE. PLEASE INDICATE THE SECTION (SUCH AS EMPLOYMENT HISTORY) AND THE SPECIFIC QUESTIONS ANSWERED BY NUMBER.

NUMBER.	
SECTION NAME &	
QUESTION NUMBER	
Q = 10 = 10 = 1 = 10 = 1 = 10 = 10 = 10	
	(IF MORE SPACE IS NEEDED, ATTACH ANOTHER SHEET OF PAPER TO THIS APPLICATION)





CONTINUATION PAGE

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN PRIOR TO SUBMITTING THIS QUESTIONNAIRE

I affirm that this questionnaire contains no misrepresentations or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on the questionnaire are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and I will not be eligible to become an Explorer with the Goodyear Police Department. If I have already been accepted, I may be dismissed.

I authorize the Goodyear Police Department to make inquiry of employers and references listed on the questionnaire regarding my integrity, reputation and character.

I realize that it is necessary for the Goodyear Police Department to thoroughly investigate all aspects of my personal background and qualifications. By applying to be a volunteer with the Goodyear Police Explorer Post, I expressly waive all my legal rights and causes of action to the extent that the Goodyear Police Department investigation (for purposes of evaluating my suitability) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

The undersigned further agrees to hold harmless and release from liability, under any and all possible causes of action, the City of Goodyear, the Goodyear Police Department, their officers, agents, and employees for any statements, acts or omissions in the course of the investigation into my background, family, personal habits and reputation, and my mental and physical health.

I also agree to participate in the Explorer activities if accepted into the Goodyear Police Explorer Post. I agree to exonerate and hold blameless the Chief of Police of the City of Goodyear, it's officers, advisors, and Explorers in the event of any accident or injury which may occur as a result of my participation in the Exploring activities with this organization.

Signature of Applicant	Date
(If applicant is under the age of 18 years old, the following.)	parents, or legal guardian must read and sign the
Goodyear Police Explorer Post and do also agree allow my son/daughter to participate in the Explo We also agree to exonerate and hold blameless th	, have read the application for the with the above mentioned statements. I also agree to orer activities if he/she is accepted into the Explorer Post. e Chief of Police of the City of Goodyear, it's officers, ent or injury which may occur as a result of his/her organization.
Parents or Guardian Signatures:	Date:





Applicant Questionnaire

Ap	Applicant's Name: Please answer the following questions concerning the Police Explorer position for which you are applying. Please put an X next to the appropriate answer.		
	1. Are you willing to be closely supervised and scrutinized on a minimum six-month probationary period?		
	Yes No		
2.	Are you willing to attend two meetings a month and participate in at last 75% of the other post activities?		
	Yes No		
	3. Are you willing to accept being told exactly what to do by a supervisor regardless of age, gender or race?		
	Yes No		
	4. Are you willing to occasionally sacrifice personal plans to attend explorer activities?		
	Yes No		
	5. Are you willing to provide your own source of transportation to and from Explorer functions?		
	Yes No		
	6. Are you willing to assist in fingerprinting small children, sometimes for several hours at a time?		
	Yes No		
	7. Are you willing to respond to emergency call outs who may require you to assist in crime scene protection, traffic and crowd control and support to police personnel, many times in adverse weather conditions?		
	Yes No		
	8. Are you willing to subject yourself to intense public scrutiny and criticism?		
	Yes No		
	9. Are you willing to assist the police department in conducting bicycle safety programs for younger children?		
	Yes No		
	10. Are you willing to maintain your composure while being insulted or sworn at by a citizen?		
	Yes No		
	11. Are you willing to actively participate in training in law enforcement topics?		
	Yes No		



GOODYEAR POLICE EXPLORER APPLICANT QUESTIONNAIRE



Signa	ture:	
I have	e read and	answered all of the above questions honestly,
Note:	If you hav Explorers	ve answered "No" to any of the above questions, you should reconsider applying for the Goodyear Police s.
	Yes	No
	20. Ar	e you willing to conduct yourself in a manner that will gain respect from other Explorers?
	Yes	No
	19. Ar	e you willing to be a member of a program that will help you prepare for your future?
	Yes	No
		re you willing to be on time to explorer activities?
		No
		re you willing to accept discipline and/or constructive criticism?
		No
		re you willing to participate in ride alongs with police officers after your probation period?
		re you willing to complete monthly activity reports and other miscellaneous paperwork? No
		No
	wi	re you willing to be a member of an organization that promotes and requires integrity, honest, and a llingness to learn in both your personal life and in your work as an explorer?
		No
		re you willing to work closely with a group of young men and women who are different races and religions?
		No
	12. Ar	e you willing to show respect to all of your fellow explorers?