



# Cary Police Department Law Enforcement Explorer Program



Thank you for your interest in our Explorer Program. Please fill out the information below and return your completed application to the Cary Police Department at 654 Village Hall Drive Cary, IL 60013. You are encouraged to contact Officer Kathy Eiring or Officer Greg Rutzen at (847) 639-2341 with any questions.

**Date:**

## PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE:	AGE:	SEX:	S.S. #:	D.O.B.:
					- -	/ /
HOME ADDRESS:	CITY:	ZIP CODE:	PLACE OF BIRTH:			
HOME PHONE:	CELL PHONE:	WORK PHONE:				
EMAIL ADDRESS(ES):						

## CRIMINAL HISTORY AND DRIVING RECORD

ILLINOIS DRIVERS LICENSE NUMBER:	HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?
	YES NO
HAVE YOU EVER BEEN ARRESTED? YES NO	
IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO	
IF YES, PLEASE EXPLAIN:	

TRAFFIC CITATIONS AND ACCIDENTS FOR PAST TWO (2) YEARS:

### EMPLOYMENT/SCHOOL

CURRENT EMPLOYER/SCHOOL:

ADDRESS:

PHONE:

POSITION:

DIRECT SUPERVISOR:

DATES:

TO

DUTIES:

MAY WE CONTACT YOUR EMPLOYER?

### MILITARY SERVICE

BRANCH OF SERVICE:

RANK:

PAY GRADE:

DATES OF ACTIVE SERVICE:

TYPE OF DISCHARGE:

TO

### REFERENCES

**\* PLEASE FURNISH THREE (3) PERSONAL REFERENCES. PLEASE DO NOT LIST RELATIVES, AND ONLY LIST PEOPLE WHO HAVE KNOWN YOU FOR A MINIMUM OF TWO (2) YEARS. PLEASE PROVIDE ALL INFORMATION REQUESTED.**

NAME:

YEARS ACQUAINTED:

HOME PHONE:

CELL PHONE:

EMAIL:

ADDRESS:

NAME:

YEARS ACQUAINTED:

HOME PHONE:

CELL PHONE:

EMAIL:

ADDRESS:

NAME:

YEARS ACQUAINTED:

HOME PHONE:

CELL PHONE:

EMAIL:

ADDRESS:

How did you hear about the Explorer Program?

Why do you wish to participate in the Explorer Program?

**Certification**

I agree to submit to the department's selection process and understand that I must successfully complete this process before being given final consideration for acceptance into the Explorer Program.

I hereby authorize my employer, educational institutions, and any other persons or individuals to furnish any information concerning me, whether or not it is on their records, and I release them and their companies from any liability whatsoever. I certify that all statements given in this application are true and correct. I realize that falsification or misrepresentation on this or any other record may result in my not being accepted to the Explorer Program.

I have read and understand the above:

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(Printed Name)

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(Date)

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(Signature)