

DAKOTA COUNTY SHERIFF'S

LAW ENFORCEMENT EXPLORER POST

9523



Application

Name: _____

Date: _____

<input type="checkbox"/> New Applicant
<input type="checkbox"/> Renewal

Dakota County Sheriff's Explorer Post 9523 is a division of the **Dakota County Sherriff's Office**.

Explorers are trained in law enforcement practices and exposed to a variety of information. Because of this, a background investigation is performed on **all** applicants. Please fill out this application as completely as possible using a black pen or a typewriter. If a question does not apply to you (such as Drivers License information) please place N/A in the appropriate space. If any portion of this application is incomplete your application will not be considered.

Thank you

PERSONAL INFORMATION

Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Address: _____
Street City State Zip

Phone: (H) _____ (C) _____

Email: _____

School: _____ Phone: _____

Grade: _____ GPA: _____ Field of Study: _____

PARENT(S)/GUARDIAN INFORMATION:

Mother's name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____
Home Cell Email address

Father's name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____
 Home Cell email address

List the full name and birthdates of siblings and other persons that live at your home:

Name	DOB	Relationship
------	-----	--------------

Name	DOB	Relationship
------	-----	--------------

Name	DOB	Relationship
------	-----	--------------

Name	DOB	Relationship
------	-----	--------------

Name	DOB	Relationship
------	-----	--------------

Drivers License Information: (Instructors permit also applies here)

State: _____ Number: _____

List tickets that you received within the last 3 years:

City	Charge	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all accidents within the last 3 years:

City	Date
_____	_____

Have you ever been charged **OR** convicted of ANY crime? YES NO
If yes give detail to the above question. Use additional paper if needed.

List any police contacts that you have had in the past 3 years:

Work Experience:

Name	Date of employment	Supervisor	Phone Number
------	--------------------	------------	--------------

Sports/Extra Curricular Activities:

Personal References:

Please list people you have known for at least 3 years

Peers

Name

Years Known

Phone

Adults

Release:

The information provided in this application is true to the best of my knowledge. I authorize a representative of the Dakota County Sheriff's Office to contact any of the people I have listed to verify my application to the Dakota County Sheriff's Office Explorer Post. This release is valid for one year from the dated signature.

Print Name

Parent's Name

Applicant's Signature

Parent's Signature
(If under the age of 18)

Date

Date

RETURN APPLICATION BY MAIL OR EMAIL

Mail

Sergeant Jordan Klug
Dakota County Sheriff's Office
1580 Hwy 55 East
Hastings, MN 55033

Email

Jordan.Klug@co.dakota.mn.us