



# White House Police Department Explorer Application Form



## General Membership Requirements:

1. Applicants must be 14 – 21 years old.
2. Parental approval must be obtained.
3. Applicant must have a sincere interest in law enforcement
4. Applicants must show a 2.0 grade point average or better.
5. The applicant must be of good character and possess good morale habits.
6. All applicants must successfully pass a background investigation.

## When completing the attached application:

- Please complete all blanks. If an item does not apply, write “N/A”.
- Give complete information, including your full first name, middle, and last name.
- Be sure you and/or your parents sign the forms in the appropriate places.
- Intentional withholding of information or falsification of information on this application will result in immediate denial of acceptance.

## When completed please return to:

White House Police Department  
Attn: Explorer Advisor  
303 N. Palmers Chapel Rd

I hereby apply for the position of White House Police Explorer. I further consent and authorize the Police Department to conduct a background check including, but not limited to, a juvenile criminal history records check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Last Name

First Name

# White House Police Department Application Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Attending: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Parents/Guardians Address: \_\_\_\_\_

Parents/Guardians Cell Phone: \_\_\_\_\_

Are you Employed? \_\_\_\_ Yes \_\_\_\_ No If "Yes", where? \_\_\_\_\_

Average hours of work per week? \_\_\_\_\_

Career Interest: \_\_\_\_\_

Previous Training: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ If "Yes", for how long? \_\_\_\_\_

List any traffic violations you have received? \_\_\_\_\_

Have you ever been arrested for a crime? \_\_\_\_\_ If "Yes", what and when?

Have you ever been convicted of a crime? \_\_\_\_\_ If "Yes" what and when?

Have you, in the past 2 years tried, used or experimented with any illegal drugs such as marijuana, cocaine, PCP, heroin, LSD, an opiate, hallucinogen, amphetamine or derivative of an illegal or controlled drug,  
\_\_\_\_\_ Yes or \_\_\_\_\_ No

Have you ever been suspended from school? \_\_\_\_\_ If "Yes", when and why?

What is/was your current GPA when you last attended school? \_\_\_\_\_

## Adult References:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_