



Delano Police Department  
Explorer/Cadet Application

5. Do you have a social media account ? Yes No (Circle)

(For example Facebook, Instagram or Snapchat, etc.) \_\_\_\_\_

6. Do you speak any language other than English? Yes or No

If yes, please list what other language(s): \_\_\_\_\_

7. Are you now in a street gang, have been or are/have ever been affiliated with a member of street gang, click or group?

If yes, explain. This will not automatically disqualify you from joining the program, please answer honestly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever used any type of drug illegal or otherwise?

*Name/Type*

*Month/Year*

\_\_\_\_\_  
\_\_\_\_\_

8. Name of the school you are attending or the last school you attended?

\_\_\_\_\_  
Name Date(s)

9. Have you ever been expelled, suspended and or disciplined by any school official for any reason?

If yes, list dates, locations and reason(s):

\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever been arrested, cited, detained or questioned as a suspect by any Law Enforcement Agency? If yes, give date(s) and details:

\_\_\_\_\_  
\_\_\_\_\_

11. Are you employed? If yes, where? \_\_\_\_\_

12. Have you ever been fired or asked to resign (quit) from any job for any reason? If yes, give employer name and phone number.

(Employer)

(Supervisor)

(Phone number)

Delano Police Department  
Explorer/Cadet Application

13. Previous employer(s):

---

(Employer)	(Supervisor)	(Phone number)
------------	--------------	----------------

Reason for leaving: \_\_\_\_\_

---

---

(Employer)	(Supervisor)	(Phone number)
------------	--------------	----------------

Reason for leaving: \_\_\_\_\_

---

12. Do you have any problems with your vision, hearing, or speech? If yes, explain:

---

---

13. Do you have any physical limitations? If yes, explain:

---

---

14. Family or personal physician:

---

---

15. List two (2) emergency contacts:

---

(Name)	(Address)	(Phone #)
--------	-----------	-----------

---

(Name)	(Address)	(Phone #)
--------	-----------	-----------

---

---

16. Has your Driver's license every been suspended or revoked? If yes, give date(s) or reason(s):

---

---

17. All applicants who have a Driver's license must attach a DMV print out.

Delano Police Department  
Explorer/Cadet Application

18. All applicants in High School are required to attach a copy of current school transcripts.

19. Summary on why you want to be an explorer:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

*By signing this form I am authorizing the Delano Police Department to conduct a background investigation on my prior academic, criminal or work history. I understand that by signing this form I am giving consent to the Delano Police Department personnel to obtain information and documents including but not limited to school transcripts, attendance and discipline records or any other pertinent information needed to process this application.*

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

Signature of parent if applicant is under 18 years of age.  
\_\_\_\_\_ Date: \_\_\_\_\_

**For official use only**

Date Received: _____	Initials: _____	Background:	Yes	No	
Date Rec./ Advisor: _____		Approved:	Yes	No	
Interview Date: _____		By: _____			
Pass	Fail	LiveScan	Yes	No	Clearance Date: _____
Sch. Records:	Yes	No	Waiver Form:	Yes	No

**For official use only**

Date Received: _____	Initials: _____	Background:	Yes	No	
Date Rec./ Advisor: _____		Approved:	Yes	No	
Interview Date: _____		By: _____			
Pass	Fail	LiveScan	Yes	No	Clearance Date: _____
Sch. Records:	Yes	No	Waiver Form:	Yes	No

**For official use only**

Date Received: _____	Initials: _____	Background:	Yes	No	
Date Rec./ Advisor: _____		Approved:	Yes	No	
Interview Date: _____		By: _____			
Pass	Fail	LiveScan	Yes	No	Clearance Date: _____
Sch. Records:	Yes	No	Waiver Form:	Yes	No

**For official use only**

Date Received: _____	Initials: _____	Background:	Yes	No	
Date Rec./ Advisor: _____		Approved:	Yes	No	
Interview Date: _____		By: _____			
Pass	Fail	LiveScan	Yes	No	Clearance Date: _____
Sch. Records:	Yes	No	Waiver Form:	Yes	No

**For official use only**

Date Received: _____	Initials: _____	Background:	Yes	No	
Date Rec./ Advisor: _____		Approved:	Yes	No	
Interview Date: _____		By: _____			
Pass	Fail	LiveScan	Yes	No	Clearance Date: _____
Sch. Records:	Yes	No	Waiver Form:	Yes	No

**For official use only**

Date Received: _____	Initials: _____	Background:	Yes	No	
Date Rec./ Advisor: _____		Approved:	Yes	No	
Interview Date: _____		By: _____			
Pass	Fail	LiveScan	Yes	No	Clearance Date: _____
Sch. Records:	Yes	No	Waiver Form:	Yes	No

**For official use only**

Date Received: _____	Initials: _____	Background:	Yes	No	
Date Rec./ Advisor: _____		Approved:	Yes	No	
Interview Date: _____		By: _____			
Pass	Fail	LiveScan	Yes	No	Clearance Date: _____
Sch. Records:	Yes	No	Waiver Form:	Yes	No