



THURSTON COUNTY SHERIFF'S OFFICE

LAW ENFORCEMENT EXPLORER APPLICATION

The following information will assist us in selecting Explorers and conducting background investigations. Please help us get to know you.

If you are uncertain about how to answer a particular question, you should place a circle with a question mark (?) in the space provided and the Explorer Advisors will discuss it with you at the Background Interview.

Even if you have had charges against you that have been dismissed, you need to reveal them to us.

Please include copies of the following documents with your Personal History Statement:

1. Drivers License, if applicable.
2. Copy of most recent report card.
3. Copy of ASB card.

We welcome your willingness to serve Thurston County. Please return the application and requested items to:

THURSTON COUNTY SHERIFF'S OFFICE
 2000 Lakeridge Drive SW
 Olympia, WA 98502
 ATTN: Lt Gregory Elwin

1. PERSONAL DATA

First Name	Middle	Last
Other Names (Including Maiden & Nicknames)		
Address		
City	State	Zip Code
Phone Numbers: Home:	Work:	Pager/Cellular:
Birth date:	Place of Birth:	
Height:	Weight:	Hair Color:
Eye Color:		
Scars, tattoos, other distinguishing marks:		
Social Security Number:	(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN and Place of Birth will be used for identification purposes to ensure that proper records are obtained.)	

Thurston County Sheriff's Office requires volunteers to be U.S. Citizens. Can you provide such documentation?

Yes circle one No

2. EDUCATION

- I possess a high school diploma. I passed the G.E.D. test. I am currently in high school

List all schools attended beginning with high school.

Name of school Location (City and State) Dates attended Degree/Cert. earned

Have you ever been suspended or expelled from any school? Yes No
If yes, please explain (include school, date and circumstances.)

3. REFERENCES

Please list the names of three non-relative references.

Name _____ Home Phone _____ Work Phone _____
Address _____ City _____ State/Zip _____
Occupation _____ Relationship Length: _____

Name _____ Home Phone _____ Work Phone _____
Address _____ City _____ State/Zip _____
Occupation _____ Relationship Length: _____

Name _____ Home Phone _____ Work Phone _____
Address _____ City _____ State/Zip _____
Occupation _____ Relationship Length: _____

4. EXPERIENCE AND EMPLOYMENT

2. Please list your employment or Volunteer history for the last five years:

Dates of Employment

Name and Address of Employer/Company

2. Have you ever been fired or asked to resign from any place of employment?
 No Yes If yes, please give details (include when, where, circumstances).

5. LEGAL

1. Have you ever been arrested or convicted of any crime? (Include any felonies, misdemeanors, or criminal traffic offenses such as: Driving While Intoxicated, non valid operator's license, driving while license suspended, reckless driving, negligent driving, and hit & run.)

Date _____ Police Agency _____

Circumstances _____

Date _____ Police Agency _____

Circumstances _____

Date _____ Police Agency _____

Circumstances _____

2. Have you ever been placed on diversion court probation, deferred prosecution or Youth at Risk?
 No Yes If yes, please give details (include when, where, why).

5. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?
 No Yes If yes, please give details (include when, where, name and location of court, circumstances).

6. MOTOR VEHICLE OPERATION

As an Explorer, you may be called upon to drive a Thurston County owned vehicle. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

Washington State Drivers License Number _____ Expiration Date _____
Name under which license was granted _____

Please list other states where you have been licensed to operate a motor vehicle and list license number(s).

State _____ Name under which license granted _____

State _____ Name under which license granted _____

1. Have you ever been refused a driver's license by any state?
 No Yes If yes, please give details (include what, when, where, why).

2. Please complete your automobile liability insurance information.
Company: _____ Policy #: _____ Date of Expiration: _____
Address: _____ Phone #: _____

3. Please list all traffic citations and infractions(exclude parking tickets) you have received.
Approx. Date: _____ Type: _____ Location (City): _____
Disposition: _____
Approx. Date: _____ Type: _____ Location (City): _____
Disposition: _____
Approx. Date: _____ Type: _____ Location (City): _____
Disposition: _____

4. Have you ever been involved as a driver in a motor vehicle accident?
 No Yes If yes, please give details for each accident.
Date: _____ Location (City) _____ Injury Non-injury
Police Investigation: No Yes Police Agency: _____

5. If there is anything you wish to discuss about your driving record, please use the space below.

6. Do you have any restrictions placed on your current driver's license?

No Yes If yes, please give details (include what, when, where, why).

7. Has your license ever been suspended, revoked, or placed on negligent operator's probation?

No Yes If yes, please give details (include what, when, where, why).

8. Do you have any special skills, qualifications, or licenses or machinery or equipment you can operate which may be useful in this position? (i.e., pilot's license, radio operator, scuba, Caterpillar, etc.)

9. Can you speak any foreign language(s)? (Indicate degree of fluency, i.e., excellent, good, fair, or poor.)

Language: _____

Reading _____ Speaking _____ Understanding _____

6. PERSONAL HABITS

1. Have you ever used, possessed or experimented with:

	YES	NO	# Of Times	Last Time Used (Month/Year)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hashish	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Amphetamines "Uppers"	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Barbiturates "Downers"	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Valium	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pain killers (Other than prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Crack	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
LSD "Acid"	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
PCP "Angel Dust"	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hallucinogenic Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
"Designer" type drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Steroids	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Any other Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
List and Describe:	_____			

Have you ever been involved in the sale or trafficking of any illegal drug(s)? No Yes If yes, please explain.

IMPORTANT: Describe **each** specific incident of your drug or marijuana usage. Include the nature of the incidents, i.e., party, social event, private usage, etc.; the extent of your usage, i.e., one puff, one joint, number of pills, etc.; the approximate dates, i.e., month and year; and how the substance was obtained. Continue on additional paper if necessary.

PERSONAL STATEMENT: In the space below, state in your own handwriting your reasons for applying for this position.

1. List any other special skills or qualifications you may possess. (Include: interests, hobbies, sports, activities or any special interest groups or organizations that you are involved with.)

2. Do you have any special requirements or medical conditions that we should be aware of as you volunteer?
 No Yes If yes, please describe:

3. Have you ever been refused insurance for any reason other than failure to pay a premium?
 No Yes If yes, please explain (include company name, address, date, and reason):

4. Have you ever applied for a permit to carry a concealed weapon?
 No Yes If yes, please provide the following information:

Permit granted? No Yes

Date: _____

Name of law enforcement agency? _____

I certify, **under penalty of perjury**, that the foregoing facts and information contained herein are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.

Signature: _____ Date: _____