



**SUSSEX COUNTY EXPLORERS**  
**POST 234**

**APPLICATION FOR LAW ENFORCEMENT EXPLORER**

DATE: \_\_\_\_\_

**GENERAL INSTRUCTIONS:**

YOUR EXPERIENCE AS A LAW ENFORCEMENT EXPLORER STARTS HERE. THOUGH THIS APPLICATION DOES NOT ASK ALL THAT IS ASKED IN A LAW ENFORCEMENT APPLICATION IT DOES RESEMBLE WHAT YOU WILL BE ASKED. YOU MUST ANSWER EACH QUESTION. IF THE QUESTION DOES NOT APPLY TO YOU, INDICATE WITH N/A. IF THE SPACE AVAILABLE IS INSUFFICIENT; USE A SEPARATE SHEET OF PAPER. DO NOT MISSTATE OR OMIT MATERIAL FACTS SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR ACCEPTANCE. LYING ON THIS APPLICATION WILL MEAN DISMISSAL FROM CONSIDERATION OR TERMINATION FROM THE HOPATCONG POLICE EXPLORER POST 234.

**PERSONAL INFORMATION:**

1. NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_  
LAST, FIRST MIDDLE

2. SEX MALE / FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_

3. ALIASES \_\_\_\_\_  
NICKNAME OR ANY CHANGED NAME

4. HOME ADDRESS \_\_\_\_\_  
PRESENT ADDRESS / NAME OF APT. COMPLEX & NUMBER / STREET / CITY / ZIP

5. HOME PHONE ( ) \_\_\_\_\_ 6. E-MAILADDRESS \_\_\_\_\_

7. HEIGHT/WEIGHT \_\_\_\_\_ / \_\_\_\_\_ 8. PLACE OF BIRTH \_\_\_\_\_

9. EYE COLOR \_\_\_\_\_ 10. HAIR COLOR \_\_\_\_\_

11. SCARS/MARKS/TATOOS \_\_\_\_\_

12. NAME OF BOYFRIEND / GIRLFRIEND \_\_\_\_\_

13. BOYFRIEND / GIRLFRIEND D.O.B. \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

14. THEIR HOME ADDRESS \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

**EDUCATION:** (LIST ALL JUNIOR HIGH AND HIGH SCHOOLS ATTENDED)

15. NAME	LOCATION	DATES ATTENDED	YEARS COMPLETED
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. LIST COLLEGE CREDITS: \_\_\_\_\_

NAME OF COLLEGE / UNIVERSITY	CREDITS	MAJOR AREA OF STUDY
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_____	_____	_____
_____	_____	_____

17. HAVE YOU EVER BEEN EXPELLED FROM SCHOOL? YES / NO

18. HAVE YOU EVER BEEN SUSPENDED FROM SCHOOL? YES / NO

19. HAVE YOU EVER BEEN SENT TO AN ALTERNATIVE SCHOOL? YES / NO

20. HAVE YOU EVER BEEN SENT TO IN SCHOOL SUSPENSION? YES / NO

21. HAVE YOU EVER RECEIVED ANY OTHER DISCIPLINARY ACTION? YES / NO

22. IF YOU ANSWERED "YES" TO NUMBERS 17 - 21, EXPLAIN EACH INCIDENT IN  
DETAIL:

INCIDENT DATE: DETAILS:

\_\_\_\_\_

INCIDENT DATE: DETAILS:

\_\_\_\_\_

**DRIVERS LICENSE INFORMATION:**

25. \_\_\_\_\_  
KIND OF LICENSE      STATE      LICENSE NUMBER      EXPIRATION RESTRICTIONS

26. HAS YOUR LICENSE EVER BEEN SUSPENDED? YES / NO

27. IF YOU ANSWERED "YES" TO QUESTIONS #26, ***EXPLAIN IN DETAIL*** THE CIRCUMSTANCES. IF "NO", GO TO #32.

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**EMPLOYMENT HISTORY:**

30. BEGIN WITH YOUR MOST RECENT JOB AND LIST **ALL** PREVIOUS EMPLOYMENT:

1) EMPLOYER NAME, ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
STARTING DATE      ENDING DATE      JOB TITLE      WHY DID YOU LEAVE

2) EMPLOYER NAME, ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
STARTING DATE      ENDING DATE      JOB TITLE      WHY DID YOU LEAVE

3) EMPLOYER NAME, ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
STARTING DATE      ENDING DATE      JOB TITLE      WHY DID YOU LEAVE

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM ANY JOB (IF YES, EXPLAIN)? \_\_\_\_\_

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**ARREST, DETENTION AND LITIGATION:** (SHOW ALL ARRESTS **INCLUDING JUVENILE** AND TRAFFIC, REGARDLESS OF WHETHER THEY ARE ON YOUR RECORD)

31. HAVE YOU EVER BEEN ARRESTED BY A LAW ENFORCEMENT AGENCY? YES / NO



IF YES, LIST EVERY ARREST & EXPLAIN IN DETAIL:

INCIDENT DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

ARRESTING AGENCY: \_\_\_\_\_ DISPOSITION: \_\_\_\_\_

INCIDENT DATE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

ARRESTING AGENCY: \_\_\_\_\_ DISPOSITION: \_\_\_\_\_

**TRAFFIC VIOLATIONS:** LIST ALL ACCIDENTS, PARKING & TRAFFIC VIOLATIONS & ANY WARNINGS YOU HAVE BEEN INVOLVED IN OR RECEIVED REGARDLESS OF WHETHER THEY ARE ON YOUR DRIVING RECORD

28. DATE CITY / STATE    AGENCY    CHARGE    DISPOSITION

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**RELATIVES:**

**32. FATHER OR GUARDIAN:**

NAME      BIRTH DATE    HOME ADDRESS (IF DIFFERENT)      HOME PHONE

EMPLOYER / OCCUPATION    WORK ADDRESS      WORK PHONE

**33. MOTHER OR GUARDIAN:**

NAME      BIRTH DATE    HOME ADDRESS (IF DIFFERENT)      HOME PHONE

EMPLOYER / OCCUPATION    WORK ADDRESS      WORK PHONE

**34. SIBLINGS:**

1) NAME      BIRTH DATE    HOME ADDRESS (IF DIFFERENT)      HOME PHONE

2) NAME      BIRTH DATE    HOME ADDRESS (IF DIFFERENT)      HOME PHONE

3) NAME BIRTH DATE HOME ADDRESS (IF DIFFERENT) HOME PHONE

4) NAME BIRTH DATE HOME ADDRESS (IF DIFFERENT) HOME PHONE

**REFERENCES:** YOU MUST LIST THREE REFERENCES: PERSONS YOU KNOW THE BEST (NO EMPLOYEES OR RELATIVES) PLEASE INFORM YOUR REFERENCES THAT WE WILL CONTACT THEM AND ASK QUESTIONS ABOUT YOU.

29. 1) NAME HOME ADDRESS HOME PHONE CELL PHONE  
RELATIONSHIP YEARS KNOWN

2) NAME HOME ADDRESS HOME PHONE CELL PHONE  
RELATIONSHIP YEARS KNOWN

3) NAME HOME ADDRESS HOME PHONE CELL PHONE  
RELATIONSHIP YEARS KNOWN

**RESIDENCES:** LIST ALL RESIDENCES YOU HAVE LIVED IN FOR THE PAST 10 YEARS. BEGIN WITH THE PRESENT AND GO BACKWARDS.

34. FROM / TO MONTH & YEAR STREET AND NUMBER CITY STATE

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

**HEALTH RECORD:**

35. DO YOU HAVE ANY PHYSICAL HANDICAPS, CHRONIC DISEASES OR DISABILITIES WHICH WOULD LIMIT YOUR ABILITIES TO PERFORM THE DUTIES OF A POLICE EXPLORER? YES / NO

36. HAVE YOU EVER USED ANY ILLEGAL DRUGS TO GET HIGH? YES / NO

37. DO YOU USE OR HAVE YOU EVER USED ALCOHOLIC BEVERAGES? YES / NO

38. DO YOU USE OR HAVE YOU EVER USED ANY TOBACCO PRODUCTS? YES / NO

39. IF YOU ANSWERED "YES" TO QUESTIONS #35 - #39, EXPLAIN IN DETAIL.

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**ORGANIZATIONS:** LIST MEMBERSHIPS PAST AND/OR PRESENT IN ANY ORGANIZATION

40. ORGANIZATION NAME AND ADDRESS	TYPE (SOCIAL, (PROFESSIONAL ETC)	OFFICE HELD	MEMBERSHIP FROM/TO
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_____	_____	_____	____/____
_____	_____	_____	____/____
_____	_____	_____	____/____

41. HOBBIES & SPORTS	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

42. COMMUNITY ACTIVITIES

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**OTHER INFORMATION:**

44. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT PREVIOUSLY MENTIONED WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO PERFORM OR WHICH MAY REQUIRE FURTHER EXPLANATION? YES / NO  
IF "YES", EXPLAIN

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**45) Why do you want to be a Hopatcong Police Explorer?**

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**BACKGROUND INVESTIGATION**

Because of the Post's relationship with the Hopatcong Police Department, we require that a thorough background investigation be made on each applicant. For this reason we require either parent's, or the custodial parent (if the applicant is under the age of 18) to give us written permission to conduct checks. The purpose of the background check is to insure accurate information on this application, determine the trustworthiness of each applicant and to enter the application process as does every Police Department applicant. The main purpose of this post is to give career field experience to prospective Law Enforcement Officers at the Explorer level; a background check is essential. The information derived from the investigation will be kept in strict confidence.

(Parental consent if the Explorer applicant is under the age of 18)

I, Mr./Mrs. \_\_\_\_\_, give express written permission to the Hopatcong Police Department to carry out a background investigation on my (son) (daughter) name: \_\_\_\_\_. I know the information from that investigation will only be used for the purpose of placing my son/daughter in Hopatcong Police Law Enforcement Explorer Post.

I am the Legal Guardian of (applicant)\_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

(Both parents when applicable)

(Applicants Consent)

Understanding the above, I \_\_\_\_\_ give my permission to the Hopatcong Police Department to carry out the background investigation.

*Return this application to Officer Janosko, Phone: (973)398-5000 ext  
251*

*[ejanosko@hopatcongpolice.org](mailto:ejanosko@hopatcongpolice.org)*