

**"DICKSON LAW ENFORCEMENT
EXPLORER POST 435**

APPLICATION FOR MEMBERSHIP

Date of Application : _____ Date Accepted : _____

This application is very important, please fill in each space. If any space does not apply to you, please place an N/A in that space.

Name : _____
(Last) (First) (Middle)

Address : _____
(Street) (City) (State/Zip)

Phone : _____ Place of Birth : _____

Height : _____ Weight : _____ Hair : _____ Eyes : _____ D.O.B. _____

School Attending : _____ Address : _____

Grade : _____ Principle Name : _____

Place of employment : _____

Address : _____
(Street) (City) (State/Zip)

Work Number : _____ Supervisor : _____

Do you have a drivers license ? yes _____ no _____

If yes, what is your drivers license number ? _____

Have you ever been convicted of a crime ? yes ___ no ___ If yes, please explain in detail,

List any traffic citations, _____

Why do you desire membership ? _____

List any members of you family in law enforcement ? _____

PARENTS

Father : _____ Address : _____

Occupation : _____ Work number : _____

Mother : _____ Address : _____

Occupation : _____ Work number : _____

SIBLINGS

Sister : _____ (2) _____

Brother : _____ (2) _____

HOSPITAL PREFERENCE

(Name) (Address) (Phone)

FAMILY PHYSICIAN

(Name) (Address) (Phone)

List three references (DO NOT LIST RELATIVES / TEACHERS)

Name : _____ Address : _____

Phone : _____

Name : _____ Address : _____

Phone : _____

Name : _____ Address : _____

Phone : _____

I UNDERSTAND THAT ANY PORTION OF THIS APPLICATION IS SUBJECT TO BE REVIEWED AND EXAMINED BY THE DICKSON POLICE DEPARTMENT AND THE DICKSON COUNTY SHERIFF'S OFFICE. THE INFORMATION CONTAINED ON THIS APPLICATION WILL BE USED SOLELY FOR MEMBERSHIP INTO EXPLORER POST # 435 AND FOR NO OTHER REASON.

Signature / Date