



## BRIDGETON POLICE EXPLORER

### POST 9182

12355 Natural Bridge Road  
Bridgeton, MO 63044  
314-373-3899

[explorerpost9182@bridgetonmo.com](mailto:explorerpost9182@bridgetonmo.com)



Explorers receive Discipline, Training, Respect, and Appreciation.

#### **Nature of work:**

Explorers receive training on basic Law Enforcement. Explorers may have the opportunity to demonstrate their learned skills while competing against other Explorer Programs throughout the county, state, and/or nation during seminars. Upon successful completion of the 24 hours of Basic Training and a passing score on our ride-along test, an Explorer may participate in the ride-along program (active duty with a Police Officer). The Explorers most important task will be to use his/her learned skills to serve their community and its citizens in a positive manner. Explorers must uphold high standards of paramilitary discipline, respect, honor and dedication to excellence in all areas of their lives.

#### **Requirements and Necessary Documents:**

To participate in the Explorer Program at the Bridgeton Police Department, ***all candidates must:***

1. Be at least 14 years of age (entering the 9<sup>th</sup> grade) thru 21 years of age (participants may remain in the program until their 21<sup>st</sup> birthday),
2. Be a United States Citizen or lawful resident alien,
3. Must have proof of active enrollment in school and maintain a 2.0 or higher GPA while in the program,
4. Be drug (illegal) free, including alcohol and tobacco (if under 18 years of age),
5. Have good moral character as determined by a background check and must not have a criminal or gang background or involvement,
6. Provide a copy of his/her birth certificate, photo ID (driver's license if applicable),
7. Have and give 100% commitment to attend mandatory bi-monthly meetings and assigned details,
8. Have 100% commitment from parents/guardians.

In addition, all candidates should provide a copy of their health insurance card/information, and should have a career interest in Law Enforcement, the criminal justice system and or community service related field.

#### **How to apply:**

Applications may be obtained at the Bridgeton Police Department 12355 Natural Bridge Bridgeton, MO 63044.

#### **Questions:**

Contact the Bridgeton Explorer Post at 314-373-3899 or [explorerpost9182@bridgetonmo.com](mailto:explorerpost9182@bridgetonmo.com)

The Bridgeton Police Department is an equal opportunity agency and does not discriminate on the basis of age, citizenship (including citizenship status), race, sex, disability, marital status, national origin, religion, sexual orientation.



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**Please type or print clearly in black ink. Do not leave any field blank. Enter N/A if not applicable.**

<b>Position Applying for: Police Explorer</b>
Referred by: (please include name and relationship to them)

Last Name:	First Name:	Middle Name:
D.O.B and Age	SSN#	Date of application:
Mailing Address:	City and State:	Zip Code:
Home phone: (with area code)	Cell phone: (with area code)	Work phone: (with area code)
Email Address:	Race:	Sex:
Place of Birth: (city and state)	Height:	Weight:
	Eye Color:	Hair color:

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration or dismissal from service. I understand that the Bridgeton Police Department is a drug-free workplace and that all Explorers must be drug-free.

I understand that this application is property of the Bridgeton Police Department and information contained herein is confidential and will be contained in a secure Explorer file. I am also attesting that I understand and meet all of the minimum requirements of the position I am applying for as stated on the announcement.

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Applicant’s printed full name	Signature	Date
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Parent’s/guardian’s printed full name	Signature	Date
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Initials: \_\_\_\_\_



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### **Education and Training Background**

List all education/training which you feel relates to the position for which you are applying. Describe in sufficient detail to demonstrate that you meet the minimum requirements of the position.

#### **High School Information:**

Are you currently enrolled in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If graduated, provide year:
Name of high school:	School phone number:
Current grade in school:	What is your most current G.P.A?
List any clubs or extracurricular activities that you participate in:	

#### **College / University / Trade School Information:**

Are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If graduated, provide year:
Name of school/college/university:	School phone number:
Current level:	What is your most current G.P.A?
Major course of study:	
List any clubs or extracurricular activities that you participate in:	
Describe your future educational plans:	
List any and all certifications, qualifications or licenses in any area:	



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### Driver's License Information:

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which state was the license issued?
Driver's License number:	Date of expiration:

### Employment History:

Please list all full time and part time work experience. Start with the most recent related position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Use additional sheets in the same format if necessary.

Employer:			
Title of position:		Employer address:	
Start date (MM/DD/YY):	End date (MM/DD/YY):	Total time with employer:	Hours per week:
Reason for leaving:			
Name/Title of supervisor:		Supervisor's phone number:	
Description of job duties:			



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**Next most recent position:**

Employer:			
Title of position:		Employer address:	
Start date (MM/DD/YY):	End date (MM/DD/YY):	Total time with employer:	Hours per week:
Reason for leaving:			
Name/Title of supervisor:		Supervisor's phone number:	
Description of job duties:			

**Personal Reference:**

Please provide two personal references. References may not be a family member and all references given must be people that you have known for at least 2 years. References may or may not be contacted during the background investigation process.

Reference #1 Name:	
Home Address:	City/State/Zip:
Phone number:	Relationship and years known:
Reference #2 Name:	
Home Address:	City/State/Zip:
Phone number:	Relationship and years known:



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Please answer the following four questions by circling the appropriate response. If you answer yes to any of the questions, make sure to provide detailed information in the corresponding box.

**Controlled Substance/Drug use:**

1. Have you ever illegally used drugs or controlled substances? YES NO
2. Do you now or have you ever illegally possessed, supplied or sold any drugs or controlled substances? YES NO

**If you answered yes to one or both of the questions above, provide details below:**

Name of drug	Date first used	Date last used	Total time used

**Criminal History:**

3. Have you ever been arrested or detained by any Law Enforcement agency? YES NO
4. Have you ever been convicted of, or have you ever been found to have committed any civil or criminal law violations? YES NO

**If you answered yes to one or both questions above, provide details below:**

Charge/Law Violation	Location (City/State)	Disposition/Penalty	Date of offense

By signing this document, I certify that all of the information provided is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of my application, removal of my name from consideration, or dismissal from service.

\_\_\_\_\_

Applicant's printed full name Signature Date

\_\_\_\_\_

Parent's/Guardian's printed full name Signature Date



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

### Emergency Contact Information:

Contact Name:		
Home Address:		City, State and Zip Code:
Phone number:	Secondary phone number:	Work phone number:
Secondary Contact Name & Phone Number:		
Home Address:		City, State and Zip Code:
Phone number:	Secondary phone number	Work phone number

### Medical Information:

The "Medical Information" section of this application is for the benefit of the Explorer. By informing the Advisors of a pre-existing condition, if such an incident would occur and medical attention is needed the medical staff will know how to properly treat the Explorer. Any allergies to medications may have an impact on the explorer if for some reason medical assistance if required. Giving this information is **optional** but encouraged for safety purposes. **Relating any information below is purely given under free-will to do so. Not providing medical information will not reject the applying explorer from the entry process.**

Health Insurance Company:	Phone number:	Policy number:
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Initials: \_\_\_\_\_





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**NAME:** \_\_\_\_\_

Are you now or have you ever been subject to: (Yes or No)

Asthma \_\_\_\_\_

Fainting spells \_\_\_\_\_

Convulsions/Seizures \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart trouble \_\_\_\_\_

Bleeding disorder \_\_\_\_\_

List any allergies to food/medication/plant/insect bite/other material substance, and if you take medication for control of the effects.

Allergy:	Medication:

**Do you have any condition that may require special care, medication or diet?**      YES      NO

If you answered yes, please explain:

**Are you taking any medication?**      YES      NO

If you answered yes, please explain:







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**I solemnly swear and affirm that the answers that I have made to each and all of the questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein will be cause for forfeiture on my part to all right in membership in the Bridgeton Police Department Explorer Program.**

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Signature of applicant

Date

**As the parent/guardian of the minor child applying for membership, I hereby give my permission for the above child to become a member of the Bridgeton Police Department Explorer Post 9182.**

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Signature of parent/guardian

Date