



City of Kerman

850 S. Madera Ave., Kerman, CA 93630

Fax: (559) 846-6199

Telephone: (559) 846-9384



Kerman Police Department: Explorer Program

Last Name: _____ First Name: _____ Middle Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Sex: _____

Social Security Number: _____ Drivers License Number: _____

Home Phone: _____ Work Phone: _____

Address: _____ Apartment Number: _____ City: _____ Zip: _____

LIST ANY PREVIOUS ADDRESSES (5 YEAR PERIOD)

Address: _____ Apartment Number: _____ City: _____ Zip: _____

Address: _____ Apartment Number: _____ City: _____ Zip: _____

Address: _____ Apartment Number: _____ City: _____ Zip: _____

LIST ANY PREVIOUS NAMES USED

Last Name: _____ First Name: _____ Middle Name: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Middle Name: _____ Date of Birth: _____

SCHOOL INFORMATION

Name of School: _____ Address: _____ Current Grade: _____

EMPLOYER INFORMATION

Current Employer: _____ Address: _____ Phone: _____

Date of Hire: _____ Termination Date: _____ Supervisor and Title: _____ Phone: _____

Previous Employer: _____ Address: _____ Phone: _____

Date of Hire: _____ Termination Date: _____ Supervisor and Title: _____ Phone: _____

PERSONAL REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____



BACKGROUND INFORMATION

Have You Ever Been Arrested Or Convicted Of A Felony Or Misdemeanor Case? Yes No

If Yes List Date(S) Violation(S) And Penalties:

I understand that false or omitted information may disqualify me from service with the explorer program.

Applicant Signature:

Date:

I acknowledge that my minor child has my permission to apply.

Parents Signature:

Date:

EMERGENCY CONTACT INFORMATION

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Received by: _____ Date: _____