



# Commerce City Police Department

## Explorer Post #2026

**NOTICE: This is a legal document. Falsification of any part of this document will result in immediate dismissal from the Explorer Post and may result in criminal charges.**

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Identification Card Number:		State:	
Email address:	Cellular Phone:	Other Phone:	
Demographics			
Gender:	Race:	Height:	Weight:
Hair Color:	Eye Color:	Blood Type:	
Education Information:			
Middle School:	Phone Number:	Grade:	GPA:
High School:	Phone Number:	Grade:	GPA:
College or University:	Phone Number:	Grade:	GPA:
Employment Information			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Parent/Guardian Information:			
Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:	Other Phone:		
Parent/Guardian Information:			
Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:	Other Phone:		

Others Living In Your Home			
Name:	Relationship:		
Date of Birth:	Home Phone:	Work Phone:	
Name:	Relationship:		
Date of Birth:	Home Phone:	Work Phone:	
Name:	Relationship:		
Date of Birth:	Home Phone:	Work Phone:	
Emergency Contact (other than parent/guardian)			
Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:		Other Phone:	
References (other than parent/guardian)			
Name:	Address:	Phone:	Relationship:

### Authorization For Background Investigation

The Commerce City Police Explorer Policy requires that every Explorer applicant submit to a background investigation to determine the applicant's suitability for membership in the Explorer Post. The background investigator will examine the applicant's criminal and driving history, the applicant's academic and discipline records, the applicant's criminal and gang associations as well as the applicant's work history. The background investigator may also contact parties, both listed on this application and others, character references. The background investigator may also conduct any further investigation deemed necessary.

**We , the undersigned, hereby give consent for a representative of the Commerce City Police Explorer Post to conduct the above described background investigation. We further authorize the release of any documents or records, both protected and public, to the investigator from all organizations or agencies. We agree to hold such agencies harmless from civil or criminal liability of the release of such records.**

**Applicant Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_  
 (Required if applicant is under 18 years of age)

## PART II

Please answer all questions completely and truthfully. Any inaccuracy or omission will be considered by the background investigator to be an intentional falsification on the part of the applicant and will result in immediate failure of the background investigation. Any such failure will result in dismissal from the application process and may incur criminal charges. If you are uncertain of whether you should report an event or incident, then you should report it.

We understand that people make mistakes and that most applicants will have some past events to report. We can work with applicants who are forthcoming with most minor transgressions, but will not accept applicants who attempt to conceal information in the background, even through omission.

If you need additional space, please attach a separate sheet of paper to this application. Where details are requested, please provide names, dates, times, exact location and a full description of the events as well as the outcome of the event.

### Question 1:

Have you ever received a ticket or citation? \_\_\_\_\_

If so, provide full details:

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### Question 2:

Have you ever been arrested? \_\_\_\_\_

If so, provide full details:

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### Question 3:

Have you ever been placed in a drug or alcohol rehabilitation center, detoxification center, or received medical treatment for the use or overuse of drugs or alcohol? \_\_\_\_\_

If so, provide full details:

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### Question 4:

List all times you have had contact with a law enforcement officer, no matter how minor or in what capacity, that has not been described above.

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**Question 5:**

Have you ever used illegal drugs, narcotics, alcohol, or other controlled substances? \_\_\_\_\_  
If so, provide full details:

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**Question 6:**

Have you ever unlawfully possessed, sold, manufactured or transported illegal drugs, narcotics or other controlled substances? \_\_\_\_\_

If so, provide full details:

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**Question 7:**

Have you ever unlawfully possessed, sold, manufactured or transported alcohol? \_\_\_\_\_

If so, provide full details:

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**Question 8:**

Have you presently or in the past done anything, that if discovered later on, would or could prove to be an embarrassment to you, the Commerce City Police Department, or the Explorer Program? \_\_\_\_\_

If so, provide full details:

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**Question 9:**

Do you have any physical or mental disabilities that might interfere with your ability to participate safely in the program? \_\_\_\_\_

If so, provide details including severity, symptoms, treatment and attending physician:

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**Question 10:**

Would you be able to devote your attention to the operation of the Explorer Post and be able to attend all meetings and other Explorer Post events expected of you? If you feel you may have a scheduling conflict or may be unwilling or unable to attend all meetings, provide details regarding the conflict:

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**Question 11:**

Keeping in mind that this a working and traveling unit, would you have any difficulty with finding transportation to and from the location of the Explorer Post activities within the Denver Metro area? If you feel there would be a problem, provide details regarding the conflict:

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**Question 12:**

Do you possess any special skills or abilities? Provide details:

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**Question 13:**

Do you currently belong to any other clubs, groups, sports leagues or other extra-curricular activities?

If so, provide full details:

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**Question 14:**

Have you ever been a member of, or associated with any criminal organizations, including any street gang or organized criminal enterprise? \_\_\_\_\_

If so, provide full details:

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**Question 15:**

Do you associate with anyone who is now, or has ever been a member of, or associated with any criminal organization, including any street gang or organized criminal enterprise? \_\_\_\_\_

If so, provide full details:

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**Question 16:**

Do you know anyone who is now, or has ever been, a member of a law enforcement agency? \_\_\_\_\_

If so, provide full details:

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**Question 17:**

Have you ever applied to another law enforcement Explorer Post, cadet program or similar program before completing this application? \_\_\_\_\_

If so, provide full details:

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**Question 18:**

Have you even been fired or asked to resign from any job or organization? \_\_\_\_\_

If so, provide full details:

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**Question 19:**

Have you ever applied for a job or membership in an organization and been rejected? \_\_\_\_\_

If so, provide full details:

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**Question 20:**

Have you ever failed a drug test? \_\_\_\_\_

If so, provide full details:

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**Question 21:**

Have you ever been a member of the Boy or Girl Scouts of America? \_\_\_\_\_

If so, provide full details:

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**Question 22:**

Have you ever attended any form of police training, including attending a youth or citizen academy or technical school related to criminal justice? \_\_\_\_\_

If so, provide full details:

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**AUTHORIZATION FOR CVSA EXAMINATION AND DRUG SCREEN:**

We, the undersigned, do hereby give consent to submit to a Computer Voice Stress Analyses examination and/or a drug screen examination performed by the City, or it's agent, as a part of the application process for the Commerce City Police Explorer Program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent signature required only if applicant is under 18 years of age)

**AFFIDAVIT**

I, \_\_\_\_\_, certify that I have fully read and understand the type of organization the Commerce City Police Explorer Post is and that the information I have provided on this application is true, correct and complete to the best of my knowledge. I further affirm that I will comply with all rules, regulations and orders of the Commerce City Police Explorer Program. I understand that any falsification (even through omission) of any part of this application will be grounds for immediate dismissal from the post. I understand that this is a legal document, utilized by law enforcement officers in an official investigation and that any falsification (even through omission) is a crime which will be prosecuted to the fullest extent of the law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent signature required only if applicant is under 18 years of age)

**PARENT OR GUARDIAN CONSENT FOR MEMBERSHIP**

(Required only if applicant is less than 18 years of age)

I/we, the undersigned, do affirm that I/we are the legally appointed or natural guardian(s) of \_\_\_\_\_ (hereafter "applicant") and that I/we do hereby give consent for the applicant to participate in the Commerce City Police Explorer Program and certify that the applicant is willing and able to fulfill all related obligations.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent signature required only if applicant is under 18 years of age)

**PARENT MEDICAL AUTHORIZATION**  
(Required if applicant is less than 18 years of age)

EXPLORER'S NAME:

\_\_\_\_\_

EXPLORER'S DATE OF  
BIRTH:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I/we the undersigned do hereby certify that I/we are the legally appointed or natural guardian(s) of the above named person who is under the age of eighteen years, and that I/we do hereby give consent for Officers, Deputies and other agents of the City of Commerce City and the Commerce City Police Explorer Program, Post 2026 to authorize medical treatment for the above named person including, but not limited to, transportation by ambulance, emergency room examination, X-ray examination, anesthesia, medical or surgical diagnostic procedure, medication, and treatment considered reasonable and necessary by or under the supervision of a member of the medical staff of the hospital or treatment center furnishing medical services.

I understand that in the event of a serious illness or injury, reasonable efforts to notify me will be attempted, but it may be necessary for medical staff to begin treatment based upon the authorization of the Officers, Deputies and other agents of the City of Commerce City and the Commerce City Police Explorer Program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_