



## **Commerce City Police Department Law Enforcement Explorer Post #2026 Explorer Application**

### **REQUIREMENTS FOR MEMBERSHIP**

Explorer Candidates must:

- Be at least 14 years old, but not yet 21 years of age
- Be actively enrolled in a formal educational program
- Maintain at least a 2.0 grade point average or equivalent
- Be free of any medical, physical or mental deficiencies that could cause injury to the applicant or jeopardize others participating in the program
- Have no serious criminal record, arrest or convictions which include traffic violations
- Have written permission from a parent/legal guardian if the applicant is under 18 years of age
- Be of good moral character and free of any criminal associations
- Pass a background investigation

### **DIRECTIONS FOR COMPLETING APPLICATION**

Please answer all questions completely and truthfully. Any incomplete answer or omission will be considered an intentional attempt at deception on the part of the applicant and will result in immediate dismissal from the Commerce City Police Explorer Program, as well as possible criminal charges under Colorado Revised Statute 18-8-111. If additional space is needed to answer any of the questions, please attach a complete answer on a separate sheet of paper.

Please return the application to the Commerce City Police Department. Applications can also be mailed directly to the Commerce City Police Department : 7887 E. 60<sup>th</sup> Avenue, Commerce City, CO 80022. Applicants will be required to show identification, which includes a photograph and the applicant's name as well as date of birth when submitting their application or upon attending their first meeting. If no single form of identification is available, the applicant may be asked to produce more than one form of identification.

Acceptable forms of identification include:

- U.S. Government or State issued ID or Driver's License
- Birth Certificate
- School issued ID card
- Social Security Card

Alternative forms of identification will be considered on a case by case basis.



## **Commerce City Police Department Law Enforcement Explorer Post #2026 Aplicación Explorador**

### **REQUISITOS PARA LA MEMBRESÍA**

El Explorador Canidates Debe:

- Tener al menos 14 años de edad, pero aún no 21 años
- Estar inscrito activamente en un programa educativo formal
- Mantener al menos un promedio de punto de grado 2,0 o equivalente
- Estar libre de cualquier deficiencia médica, física o mental que pueda causar daño al solicitante o poner en peligro a otros que participen en el programa
- No tienen antecedentes penales graves, detenciones o condenas que incluyan infracciones de tráfico
- Tener permiso por escrito de un padre/tutor legal si el solicitante es menor de 18 años de edad
- Ser de buen carácter moral y libre de cualquier asociación criminal
- Aprobar una investigación de fondo

### **INSTRUCCIONES PARA COMPLETAR LA SOLICITUD**

Por favor responda todas las preguntas completa y sinceramente. Cualquier respuesta o omisión incompleta será considerada un intento intencional de engaño por parte del solicitante y resultará en despido inmediato del programa de Explorador de la Policía de Commerce City, así como posibles cargos penales bajo la revisión de Colorado Estatuto 18-8-111. Si se necesita espacio adicional para contestar cualquiera de las preguntas, por favor adjunte una respuesta completa en una hoja de papel separada.

Por favor devuelva la solicitud al Departamento de Policía de Commerce City. Las solicitudes también se pueden enviar directamente al Departamento de Policía de Commerce City: 7887 E. 60th Avenue, Commerce City, CO 80022. Se requerirá que los solicitantes muestren la identificación, que incluye una fotografía y el nombre del solicitante, así como la fecha de nacimiento al presentar su solicitud o al asistir a su primera reunión. Si no se dispone de una sola forma de identificación, se puede solicitar al solicitante que produzca más de una forma de identificación.

Las formas aceptables de identificación incluyen:

- Gobierno de los Estados Unidos o ID emitido por el estado o licencia de los conductores
- Acta de nacimiento
- Tarjeta de identificación de la escuela
- tarjeta de seguridad social

Las formas alternativas de identificación se considerarán caso por caso.



# Commerce City Police Department

## Explorer Post #2026

### Explorer Application

#### PART I: APPLICANT PERSONAL INFORMATION

APPLICANT PERSONAL INFORMATION				
FULL LEGAL NAME:				
NAMES, ALIASES, NICKNAMES:				
DATE OF BIRTH:	PLACE OF	SOCIAL SECURITY NO:		
IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, ARE YOU A U.S. CITIZEN?				
HAVE YOU APPLIED FOR U.S. CITIZENSHIP?				
CURRENT ADDRESS:				
MAILING ADDRESS ( <input type="checkbox"/> same as current address)				
CITY:	STATE:	ZIP CODE:		
IDENTIFICATION/DRIVER'S LICENESE NO:		STATE:		
EMAIL ADDRESS:		PHONE:	OTHER PHONE:	
PHYSICAL DESCRIPTION				
GENDER:	RACE:	HEIGHT:	WEIGHT:	
HAIR COLOR:	EYE COLOR:		BLOOD TYPE:	
SCARS/MARKS/TATTOOS/PIERCINGS:				
EDUCATION				
MIDDLE SCHOOL:	PHONE NUMBER:	GRADE:	GPA:	
HIGH SCHOOL:	PHONE NUMBER:	GRADE:	GPA:	
COUNSELOR'S NAME:				
COLLEGE OR UNIVERSITY	PHONE NUMBER:	GRADE:	GPA:	
COUNSELOR'S NAME				
LIST YOUR INVOLVEMENT IN ANY CLUBS, SPORTS LEAGUES, OR OTHER EXTRA-CURRICULAR ACTIVITIES:				
EMPLOYMENT				
CURRENT EMPLOYER:		POSITION:		
EMPLOYER ADDRESS:			START DATE:	
PHONE:	EMAIL:		FAX:	
CITY:	STATE:	ZIP CODE:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTER	
LIST ALL PREVIOUS EMPLOYERS	PHONE	DATES OF EMPLOYMENT		POSITION
		To:	From:	
		To:	From:	
		To:	From:	



PARENT/GUARDIAN INFORMATION:				
NAME:				
ADDRESS ( <input type="checkbox"/> same as applicant):				
CITY:	STATE:	ZIP CODE:	PHONE:	
RELATIONSHIP:	PHONE (other):			
PARENT/GUARDIAN INFORMATION:				
NAME:				
ADDRESS ( <input type="checkbox"/> same as applicant):				
CITY:	STATE:	ZIP CODE:	PHONE:	
RELATIONSHIP:	PHONE (other):			
OTHER 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:		
NAME:		RELATIONSHIP:		
DATE OF BIRTH:	HOME PHONE:	WORK PHONE:		
EMERGENCY CONTACT (other than parent/guardian)				
NAME		RELATIONSHIP		
ADDRESS:				
CITY:	STATE:	ZIP CODE:	PHONE:	
REFERENCES (other than parent/guardian)				
NAME:	ADDRESS:	PHONE:	RELATIONSHIP:	YRS KNOWN



## PART II – Personal History Statement

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.

1.	Have you ever been a member of the Boy or Girl Scouts of America?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Do you know anyone who is now, or has ever been, a member of a law enforcement agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Have you ever attended any form of police training, including attending a youth or citizen academy or technical school related to criminal justice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Have you ever applied to another law enforcement Explorer Post, cadet program or similar program before completing this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you had contact with law enforcement, no matter how minor or in what capacity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Have you ever received a ticket or citation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Have you ever been arrested?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Have you ever been subpoenaed or ordered to appear in a court of law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Have you ever been involved, either as a plaintiff or defendant, in a civil lawsuit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Have you ever used illegal drugs, narcotics, alcohol, or other controlled substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12.	Have you ever unlawfully possessed, sold, manufacture, or transported illegal drugs, narcotics, or other controlled substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.	Have you ever failed a drug test?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15.	Have you ever been a member of, or associated with any criminal organizations, including any street gang or organized criminal enterprise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17.	Do you have any unique experiences, skills and abilities that will you bring to this position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18.	Have you even been fired or asked to resign from any job or organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19.	Have you ever applied for a job or membership in an organization and denied the position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO









Why do you want to join the Commerce City Police Department’s Law Enforcement Explorer Post?

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Provide any additional information regarding your background, which has not been covered or asked in this questionnaire, that you would like your background investigator to know.

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### PART III – SOCIAL MEDIA ATTESTATION AND DISCLOSURE

I do not use, nor do I intend on using ANY social media website or platform

If you currently use or intend on using a social media website or platform, please indicate below what websites or platforms you use or will use:

**Facebook**  
Account Name: \_\_\_\_\_

**LinkedIn**  
Account Name: \_\_\_\_\_

**Twitter**  
Twitter Handle: \_\_\_\_\_

**YouTube**  
Account Name: \_\_\_\_\_

**Snapchat:**  
User Name: \_\_\_\_\_

**Instagram:**  
Account Name: \_\_\_\_\_

**Other:**  
Account Name: \_\_\_\_\_

**Other:**  
Account Name: \_\_\_\_\_

### PART IV: BEHAVIOR AND AFFILIATIONS:

LIST ANY GROUPS, ORGANIZATIONS, WEBSITES, OR MESSAGE BOARDS TO WHICH YOU ARE A MEMBER, AFFILIATE WITH, OR REGURLY ENGAGE IN

	NAME OF GROUP/ORGANIZATION	WEBSITE	THEM OF GROUP OR ORGANIZATION
A.			
B.			
C.			
D.			



## Part V – Release and Affirmations

Please read and sign each of the listed releases or affirmations. If the applicant is under the age of 18, a parent or guardian's signature is required as well. These releases and affirmations are membership requirements for the Commerce City Explorer Program.

### A. 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, work history as well as the applicant's social media accounts. The background investigator may also contact parties, both listed on this application and others for 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardians signature required only if applicant is less than 18 years of age)

### B. Affirmation of Return of Issued Uniforms and Equipment

We, the undersigned, understand that the items issued by the explorer program, including uniforms, identification documents and all other equipment, are the property of the Commerce City Police Explorer Program. We accept financial responsibility for any loss or damage of the Commerce City Police Explorer property in our care.

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardians signature required only if applicant is less than 18 years of age)

## Parte V – Liberación y Afirmaciones

Por favor, lea y firme cada una de las versiones o afirmaciones enumeradas. Si el solicitante tiene menos de 18 años, también se requiere la firma de un padre o tutor. Estas versiones y afirmaciones son requisitos de membresía para el programa “Commerce City Explorer”.

### A. Autorización para la investigación de antecedentes

La política de Commerce City Police Explorer requiere que cada solicitante del Explorador se someta a una investigación de antecedentes para determinar la idoneidad del solicitante para la membresía en el post del Explorador. El investigador de antecedentes examinará el historial criminal y de conducción del solicitante, los registros académicos y disciplinarios del solicitante, las asociaciones criminales y de pandillas del solicitante, el historial laboral, así como las cuentas de redes sociales del solicitante. El investigador de fondo también puede ponerse en contacto con las partes, ambas enumeradas en esta aplicación y otras para referencias de caracteres. El investigador de antecedentes también puede llevar a cabo cualquier investigación adicional que se considere necesaria.

Nosotros, los abajo firmantes, damos consentimiento para un representante del Commerce City Police Explorer post para llevar a cabo la investigación de antecedentes descrita anteriormente. Además, autorizamos la divulgación de cualquier documento o registro, tanto protegido como público, al investigador de todas las organizaciones u organismos. Estamos de acuerdo en responsabilizarnos a dichas agencias de la responsabilidad civil o penal de la liberación de dichos registros.

Firma del solicitante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del solicitante: \_\_\_\_\_ Fecha: \_\_\_\_\_  
(Firma del padre/tutor requerida sólo si el solicitante tiene menos de 18 años de edad)

### B. Afirmación de la devolución de uniformes y equipos emitidos

Nosotros, los abajo firmantes, entendemos que los artículos emitidos por el programa Explorador, incluyendo uniformes, documentos de identificación y todos los demás equipos, son propiedad del programa de Explorador de la policía de Commerce City. Aceptamos la responsabilidad financiera por cualquier pérdida o daño de la propiedad de Commerce City Police Explorer a nuestro cuidado.

Firma del solicitante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del padre/tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_  
(Firma del padre/tutor requerida sólo si el solicitante tiene menos de 18 años de edad)



**C. Parent/Guardian Medical Authorization**

Explorer's Name: \_\_\_\_\_

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, and other agents of the Commerce City Police Department and the Commerce City Police Explorer Program, 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 and other agents of the Commerce City Police Department and the Commerce City Police Explorer Program.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This completes the application portion for membership into the Commerce City Police Explorer Program. Please return this application to the Commerce City Police Department for processing. Thank you for your interest.

**Commerce City Police Department  
7887 E. 60<sup>th</sup> Avenue  
Commerce City, CO 80022**

**INTERNAL USE ONLY**

Date Application Received:		Received By:	
Background Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:
CCIC/NCIC Check	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprinting	<input type="checkbox"/> YES <input type="checkbox"/> NO
School Background Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:
Sergeant Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:
Commander Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:
Division Chief	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:
Chief of Police	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:

**C. Autorización médica de los padres/tutores**

Nombre del explorador: \_\_\_\_\_

Yo/nosotros, el abajo firmante, certifico que yo/nosotros somos los guardianes legalmente designados o naturales de la persona mencionada anteriormente que es menor de dieciocho años, y que por este medio damos consentimiento para los oficiales, y otros agentes del Departamento de policía de Commerce City y el programa del explorador de la policía de la ciudad de Commerce, para autorizar el tratamiento médico para la persona nombrada arriba incluyendo, pero no limitado a, el transporte en ambulancia, el examen de la sala de emergencias, el examen de radiografía, la anestesia, el diagnóstico médico o quirúrgico procedimiento, medicación y tratamiento considerados razonables y necesarios por o bajo la supervisión de un miembro del personal médico del hospital o centro de tratamiento que proporcione servicios médicos.

Entiendo que en el caso de una enfermedad grave o lesión, se intentarán esfuerzos razonables para notificarme, pero puede ser necesario que el personal médico comience el tratamiento basándose en la autorización de los oficiales y otros agentes de la policía de la ciudad de Commerce Departamento de Comercio y el programa de Explorador de la policía de la ciudad.

**Firma del solicitante:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

Esto completa la parte de la aplicación para la membresía en el programa Commerce City Police Explorer. Por favor devuelva esta solicitud al Departamento de Policía de Commerce City para su procesamiento. Gracias por su interés.

**Commerce City Police Department  
7887 E. 60<sup>th</sup> Avenue  
Commerce City, CO 80022**

**INTERNAL USE ONLY**

Date Application Received:		Received By:	
Background Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:
CCIC/NCIC Check	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprinting	<input type="checkbox"/> YES <input type="checkbox"/> NO
School Background Complete	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:
Sergeant Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:
Commander Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:
Division Chief	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:
Chief of Police	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature:	Date:

