City of Lino Lakes/Department of Public Safety
640 Town Center Parkway
Lino Lakes, MN 55014
(651) 982-2300

POLICE EXPLORER APPLICATION

Thank you for your interest in the Lino Lakes Department of Public Safety Explorer Program. Your application will be used to verify eligibility for the Explorer Program with the Police Department. It is our policy to provide equal employment opportunities to all. Individuals are evaluated and selected solely on the basis of their qualifications.

Please furnish complete and accurate information so that we can properly evaluate your application. Be aware that the use of false or misleading information or the omission of important facts may be grounds for immediate dismissal. Also note that information you provide herein may be subject to verification, background investigation and/or testing. You may attach to this application any additional information that helps explain your qualifications. *(Please print clearly or type).*

The City of Lino Lakes considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual preference, the presence of a non-job related medical condition or disability, or any other legally protected status. EOE/AA/ADA

Personal

Last First Middle Are you 14-20 years old?

Name

Street City State Zip Telephone number

Home
Address

Driver's License Number (if applicable) Parents' Name Address (if different than above)

High School Grade or Graduation Date College (if applicable)

Extracurricular Activities

Employment History

Employer's Name Address City Zip Supervisor Employment Date

Present

Employer's Name Address City Zip Supervisor Employment Date

Previous

Adult References

Please provide the name, address and telephone number of three adult references who are not related to you and are not previous employers.

	Name	Address	Phone
1.			
2.			
3.			

Background

Do you have any physical or health limitations which may affect your performance? _____

If yes, please explain: _____

Have you ever been convicted of a criminal violation or been issued a citation? _____

If yes, list the date, offense, and disposition of each _____

I hereby certify that all statements herein are true and complete and authorize investigation of all information contained in this application. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for rejection of this application or removal from the Explorer Program.

Applicant's Signature _____ Date _____

Parent's Signature (if under 18) _____ Date _____

Questionnaire

(Please handwrite your answers on this page)

Why do you want to be a Lino Lakes Police Explorer?

What personal qualifications or skills can you offer to the Explorer Post?

What are your future educational and career goals?

Consent to Release Private Data

Parent(s)/Legal Guardian(s):
This form allows information about your child to be exchanged. Please sign and return it to the Lino Lakes Police Department

Student's Full Name: _____

Birth Date: _____ Today's Date: _____

School: _____ Grade: _____

Parent(s)/Legal Guardian(s) Name: _____

Parent(s)/Legal Guardian(s) Address: _____

I authorize: _____
School Name/School District

_____
Address

_____
City State Zip Code

To Release Information to:

Chief John Swenson
City of Lino Lakes Department of Public Safety
640 Town Center Parkway
Lino Lakes, MN 55014
(651)982-2300

Parent(s)/Legal Guardian(s), or student (if of legal age) may examine school records.

The information to be released:

- Official School Records (name, address, date of birth, sex, attendance record, grade level, grades, class rank standardized group test results)
- Health Record
- Psychological Report
- Special Education Records (includes related services)
- Teacher, Counselor, Staff Observations
- Chemical Abuse/Dependency Report
- Medical Report (includes related services)
- Psychiatric Report
- Social Work Report

The purpose for this request is for the Lino Lakes Dept. of Public Safety Explorer Program Background Check

I understand that this authorization takes effect the day that I sign it. It expires no more than one year from the date of my signature.
I also understand that I may change this authorization at any time.

_____ _____
Parent(s)/Legal Guardian(s) Signature Date