



**WILSON COUNTY SHERIFF'S OFFICE  
LAW ENFORCEMENT EXPLORER POST 328**



**SHERIFF EXPLORER APPLICATION**

**Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_

**School Information**

Current or Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Current G.P.A.: \_\_\_\_\_ Year to Graduate: \_\_\_\_\_

**Employment Information**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ How long have you been employed there? \_\_\_\_\_



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***Personal References***

**1)**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

Relationship/Years Known: \_\_\_\_\_

**2)**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

Relationship/Years Known: \_\_\_\_\_

**3)**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

Relationship/Years Known: \_\_\_\_\_

**4)**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

Relationship/Years Known: \_\_\_\_\_



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**Parent/Guardian Information**

1)

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

2)

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Emergency Contact List**

Please list up to 3 people to contact in case of an emergency.

1)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Best Phone Number to Call: (\_\_\_\_)\_\_\_\_-\_\_\_\_

2)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Best Phone Number to Call: (\_\_\_\_)\_\_\_\_-\_\_\_\_

3)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Best Phone Number to Call: (\_\_\_\_)\_\_\_\_-\_\_\_\_



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Background Information

\*Please answer the following questions with a YES or NO, and provide an explanation if necessary\*

- 1. Do you possess a valid driver's license? ... If yes, please complete the following: Number: ... State: ... Type/Class: ... Exp. Date: ...
- 2. Has your license ever been suspended or revoked? ... If yes, please explain below and include the date(s).
- 3. Have you ever received a traffic ticket? ... If yes, please complete the following: Date Received Ticket: ... Charge(s): ... Location: ... Issuing Agency: ... Disposition: ...
- 4. Have you ever been suspended or expelled from school? ... If yes, please explain:
- 5. Have you ever been arrested and/or convicted for a crime other than a traffic offense(s)? ... If yes, please explain what you were arrested for, the date and disposition. \*\*Anyone who has been charged with and/or convicted of a crime is ineligible to attend this program\*\*
- 6. Have you ever applied for a position as a Police/Sheriff Explorer with another agency? ... If yes, with what agency?
- 7. Have you ever been a Law Enforcement Explorer, volunteer, or employer with any Law Enforcement agency? ... If yes, with what agency?
- 8. Do you know any Sheriff Deputies, including Correctional Officers, or Sheriff Explorers with the Wilson County Sheriff's Office? ... If yes, who? ... How many years have you known them?



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General Information

\*Please answer the following questions with a YES or NO, and provide an explanation if necessary\*

- 1. If you are under the age of 18, do you use tobacco? \_\_\_\_ If yes, explain why: \_\_\_\_
- 2. Have you ever consumed an alcoholic beverage(s)? \_\_\_\_ If yes, explain why and when you did: \_\_\_\_
- 3. Have you ever consumed any controlled substance(s), including marijuana? \_\_\_\_ If yes, list the substance(s) you consumed, and explain why and when you did: \_\_\_\_
- 4. Why do you want to become a Sheriff's Explorer? \_\_\_\_
- 5. Will you be able to attend the scheduled Monday meetings? \_\_\_\_ If no, please list the reason(s) why: \_\_\_\_
- 6. If accepted into the Sheriff's Explorers, what will be your goals? \_\_\_\_
- 7. List any community service organizations, social, school, or other groups that you are a part of, or have been a member of: \_\_\_\_
- 8. List any course(s) or training that you have taken, that you feel will have an effect on the Sheriff's Explorer Academy: \_\_\_\_



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**Health History Information**

1. Do you have any illnesses or condition(s) that may prevent you from taking part in the Sheriff's Explorer Academy? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you currently on any medication(s)? \_\_\_\_\_ If yes, please list the medication(s) and what they are taken for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you wear glasses and/or contacts? \_\_\_\_\_ List any other vision problems: \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any hearing impairment(s)? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been diagnosed with a mental disorder, nervous disorder, or have ever attempted or threatened suicide? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*This line should **ONLY** be signed if the applicant or parent/guardian refuses to complete the Health History Information page of this application. If the information has not been refused and the page has been fulfilled, please continue to the next page without signing\**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



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***(Initial)***

\_\_\_\_\_ I hereby certify that there are no willful falsifications, omissions, and/or misrepresentations in the foregoing statements and answers to these questions.

\_\_\_\_\_ I understand that **ANY** omission and/or false statements on this application shall be sufficient cause for rejection for enrollment and/or dismissal from the Wilson County Sheriff's Office Explorer Academy.

\_\_\_\_\_ I also grant permission for the Wilson County Sheriff's Office to verify the above information contained on this application, and for them to run a criminal history background check on my behalf.

**\*By typing your name below in the signature field, you agree to use your typed name as an electronic signature in the verification of this application\***

\_\_\_\_\_

Printed Name of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Printed Name of Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian