Loudoun County Sheriff's Office

Explorer Application

Nature of Work

The Loudoun County Sheriff's Explorer receives training in Basic Law Enforcement. An Explorer will receive ongoing training throughout the year via in-service and out in the field(field trips). Explorers demonstrate their learned skills while competing against other Explorer Programs throughout the County, State, and/or Nation. Explorers may also participate in the ride-a-long program (active duty with a Deputy Sheriff). The Explorers most important job will be to use his/her learned skills to serve their community and it's citizens in a positive manner. Explorers must uphold high standards of discpline(paramilitary), respect, honor, and dedication to excellence in all areas of their lives.

Requirements and Necessary Document

1. All Candidates: Age 14 (entering 9th grade) thru age 18 years old (may remain in the program until their 21st birthday.
2. All Candidates: Must be a United States Citizen or a Lawful Resident Alien
3. All Candidates: Must have proof of active enrollment in school(copy of **most recent report card**) and maintain a minimum of 2.0 GPA in each class.
4. All Candidates **must not** have a criminal or gang background or involvement and **must** have good moral character as determined by a background check.
5. All Candidates **must** be drug (illegal) free to include alcohol and tobacco.
6. All Candidates: Must provide a **copy of his/her Birth Certificate**, **Photo ID**, and a **copy of their parents drivers liscense.**
7. All Candidates: Provide a recent photo(approx. 2"x 3"/school photo if possible.
8. All Candidates: Should have a career interest in Law Enforcement, the Criminal Justice System and/or a Community Service related field.
9. All Candidates: Must have and give a 100% commitment to attend mandatory bi-monthly meetings and assigned details.
10. Candidates that are minors: Must have 100% support from parents/guardians.

Closing Date

Open until positions are filled

How to Apply

Application may be obtained at the Sheriff's Office at 880 Harrison St. Leesburg Va. 20175

Revised 09/30/08

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Position Applying For: Explorer
Referred By:

Last Name:	**First Name:**	**Middle Name:**
Date of Birth:	**Social Security Number:**	**Application Date:**
Mailing Address:	**City:**	**State:** / **Zip Code:**
Home Phone Number:	**Work Phone Number:**	**Cellular Number:**
E-mail Address:	**Please Print Clearly And Do Not Leave Any Field Blank. Print N/A if Not Applicable.**	

Place of Birth:(Country)	**County/State:**	**Race:**	**Sex:**
Weight: / **Height:**	**Eye Color:**	**Hair Color:**	
List any Scars, Marks or Tattoos:			

By signing this document, I certify that all of the information on this entire application is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of this application, removal of my name from consideration, or dismissal from service. **I understand that the Loudoun County Sheriff's Office is a Drug Free Workplace and that all Explorers must be Drug Free.**

I understand that this application is the property of the Loudoun County Sheriff's Office and information contained herin is public record. I am also attesting that I understand and meet all of the minimum requirements of the position that I am applying for as stated on the job announcement.

Print Applicant's Full Name	Signature	DOB or SSN	Date
Parent/Guardian's Full Name	Signature	DOB or SSN	Date

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Education/Training: **List all Education/Training which you feel relates to the position for which you are applying. Describe in sufficient detail to demonstrate that you meet the minimum requirements for the position.**

High School Information: Are you currently enrolled [check one] ☐ Yes ☐ No

If you graduated provide the year:

Name of School: _____ Phone #: _____

Current Grade: _____ What is your G.P.A: _____ List any clubs or activites you are part of:

_____

College/University/Trade School Information: Are you currently enrolled [check one] ☐ Yes ☐ No

If you graduated provide the year:

Name of School: _____ Phone #: _____

Current Grade: _____ What is your G.P.A: _____ Major Study: _____

List any clubs or activities you are a part of: _____

Please list below any and all certification, qualifications, or licenses in any area: _____

_____

_____

Driving License Information:

Do you have a valid drivers license [check one] ☐ Yes ☐ No If yes, what State: _____

D.L.#: _____ Expiration Date: _____

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Employment: Please list all full-time and part-time work experience which you feel relates to the position for which you are applying. Start with the most recent related positions and work back. Major changes in duties or job titles with the same employer should be listed as seperate positions. Describe job duties in sufficient detail to demonstrate that you meet minimum requirements of the position. Use additional sheets, in the same format if necessary.

Most recent position:			Address:
Title of Position:	Employer:		
Start Date:	End Date:	Total time:	Reason for Leaving:
Name Title of Supervisor:		Telephone Number:	
Description of Job Duties:			

Next most recent position:			Address:
Title of Position:	Employer:		
Start Date:	End Date:	Total time:	Reason for Leaving:
Name Title of Supervisor:		Telephone Number:	
Description of Job Duties:			

Other Positions:			Address:
Title of Position:	Employer:		
Start Date:	End Date:	Total time:	Reason for Leaving:
Name Title of Supervisor:		Telephone Number:	
Description of Job Duties:			

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Please answer the following four questions by checking the appropriate response. If you check YES to any questions, make sure to provide detailed information in the corresponding box.

Controlled Substance/Drug Use:

1. Have you ever illegally used drugs or controlled substances? ☐ Yes ☐ No

2. Do you now or have you ever illegally possessed, supplied, or sold and drugs or controlled substances? ☐ Yes ☐ No

If you answered yes to one or both questions above, provide details below:

Name of Drug/Controlled Substance	First used on(Month/Year)	Last used on (Month/Year)	Total Times Used

Criminal History:

3. Have you ever been arrested by a law enforcement agency? ☐ Yes ☐ No

4. Have you ever been convicted of, or have you ever been found to have commited any civil or criminal law violations? ☐ Yes ☐ No

If you have answered yes to one or both questions above, provide details below:

Charge, Law Violation, or Circumstance	Location(City, State)	Detention, Disposition, Penelty	Date of Offense

By signing this document, I certify that all of the information provided is true and complete to the best of my knowledge. I understand that all information is subject to investigation and that omission, falsification, or misrepresentation is sufficient cause for rejection of my application, removal of my name from consideration, or dismissal from service.

Print Applicant's Full Name Signature D.O.B. or SSN# Date

Parent/Guardian's Full Name Signature D.O.B. or SSN# Date

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Parent and Emergency Information

Parental Information

Guardian/Father's Name _____ Home Phone: _____

Cell Phone: _____

Home Address: _____ Work Phone: _____

Guardian/Mother's Name _____ Home Phone: _____

Cell Phone: _____

Home Address: _____ Work Phone: _____

Emergency Information

In the event of an emergency and the parent/guardian is unavailable, please list two individuals to be contacted:

1. Name _____ Home Phone: _____

Cell Phone: _____

Home Address: _____ Work Phone: _____

2. Name _____ Home Phone: _____

Cell Phone: _____

Home Address: _____ Work Phone: _____

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Medical Information

Last Name:	First name:	Middle Name:
Birth Day:	SSN:	Race/Sex:

Address:	City/State:	Zip Code:

Health Insurance Company:	Phone #:	Policy #:

Have or Subject to (Check for Yes)

☐ Asthma ☐ Fainting ☐ Convulsions

☐ Diabetes ☐ Heart Trouble ☐ Bleeding Disorders

☐ Allergy to any Medication, Food, Plant, Insect Bite, ect. (If yes please list)

_____

☐ Any condition that may require special care, medication, or diet?(If yes please explain)

_____

Are you taking any medications? (If yes please list)_____

_____

Any restrictions for any reason including medical? (If yes Please list)_____

_____

Applicant's/Parent Authorization

This medical history is correct so far as I know, and the person herin described has pemission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel and/or physician, selected by the adult leaderin charge, to treat my son/daughter(listed applicant) for any medical or surgical emergency as deemed necessary by medical personnel and/or physician.

_____

Applicant's Name(Print) Signature Date Parent/Guardian's Name Signature Date

_____

Home Phone # Work Phone # Cell/Pager #

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I solemly swear and affirm that the answers that I have made to each and all of the questions are true and complete to the best of my knowledge and belief. I agree and understand that any misstatements of material facts contained herein, will be cause for forfeiture on my part to all rights to membership in the Loudoun County Sheriff's Office Explorer Program.
I hereby authorize the Loudoun County Sheriff's Office to verify any and all facts on this application, and to contact any refrences that I have listed.

_____ _____
Date Signature of Applicant

_____
Signature of Parent/Guardian

As the parent/guardian of the minor child applying for membership to the Loudoun County Sheriff's Office Explorer Program, I hereby give my permission for my child to become a member of the Loudoun County Sheriff's Office Explorer Program.

_____ _____
Date Signature of Parent/Guardian

On this_____day of_____,20_____,

Before me personally appeared_____
to me well known to be the same person described in and who executed the foregoing document, who having been duty sworn/or affirmed before me, stated that to best of their knowledge and belief that the statements and answers to the questions in foregoing questionnaire contained, whether in writing or in print, are true.

_____
Driver's License Number

_____
NOTARY PUBLIC, COMMONWEALTH OF VIRGINIA