

**BLOUNT COUNTY SHERIFF'S OFFICE
EXPLORER POST #86
MEMBERSHIP APPLICATION**

CURRENT OR LAST SCHOOL ATTENDED: _____

HAVE YOU GRADUATED? _____ IF NO, WHEN WILL YOU? _____

LIST ANY COLLEGE YOU MAY ATTEND: _____

WHAT IS YOUR MAJOR? _____ GPA: _____

IF YOU ARE IN SCHOOL, PLEASE ANSWER THE FOLLOWING QUESTIONS:

PLEASE LIST ALL CLASSES YOU ARE CURRENTLY TAKING AND GRADES:

_____	GRADE	_____
_____	GRADE	_____
_____	GRADE	_____
_____	GRADE	_____
_____	GRADE	_____
_____	GRADE	_____

IF YOU HAVE EVER BEEN SUSPENDED FROM SCHOOL, GIVE DATE OF
SUSPENSION AND DESCRIBE WHY: _____

WORK HISTORY

NAME AND ADDRESS OF CURRENT EMPLOYER: _____

POSITION: _____ FROM: _____ TO: _____

TELEPHONE: _____ SUPERVISOR: _____

**BLOUNT COUNTY SHERIFF'S OFFICE
EXPLORER POST #86
MEMBERSHIP APPLICATION**

NAME AND ADDRESS OF EMPLOYER: _____

POSITION: _____ FROM: _____ TO: _____

TELEPHONE: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

HAVE YOU EVER BEEN A MEMBER OF ANY OTHER EXPLORER POST? _____

IF YES, PLEASE LIST ALL POSTS YOU HAVE HAD MEMBERSHIP:

HAVE YOU EVER APPLIED TO THIS POST IN THE PAST? _____

HOW DID YOU HEAR ABOUT THIS POST? _____

DO YOU HAVE ANY MEDICAL CONDITIONS WHICH MIGHT AFFECT YOUR
PARTICIPATION IN CERTAIN FUNCTIONS? _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

**BLOUNT COUNTY SHERIFF'S OFFICE
EXPLORER POST #86
MEMBERSHIP APPLICATION**

HAVE YOU EVER PAID A FINE MORE THAN \$25.00? _____

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, EXPLAIN: _____

A FELONY IS DEFINED AS ANY VIOLATION OF THE LAW PUNISHABLE BY IMPRISONMENT
OF LONGER THAN ONE YEAR, EXCEPT FOR VIOLATIONS CALLED MISDEMEANORS UNDER STATE
LAW WHICH ARE PUNISHABLE BY IMPRISONMENT FOR TWO YEARS OR LESS.

DO YOU HAVE ANY CHARGES PENDING AGAINST YOU IN ANY COURT? _____

IF YES, EXPLAIN: _____

HAVE YOU USED ANY ALCOHOLIC BEVERAGE IN THE PAST 6 MONTHS? _____

HAVE YOU EVER USED ANY TYPE OF ILLEGAL DRUG OR NARCOTIC, OTHER
THAN THAT PRESCRIBED BY A LICENSED PHYSICIAN, WITHIN THE LAST
TWO YEARS? _____ IF YES, DESCRIBE: _____

IF UNDER THE AGE OF EIGHTEEN, DO YOU USE ANY KIND OF TOBACCO
PRODUCT? _____ IF YES, DESCRIBE: _____

IF CONSIDERED, WOULD YOU BE WILLING TO HAVE A NICE, NEAT AND
TRIM HAIRCUT AND APPEARANCE FOR ALL EXPLORER FUNCTIONS? _____

REFERENCES:

LIST THREE REFERNCES WITH ONE BEING A CURRENT TEACHER:
(OTHER THAN PAST EMPLOYERS OR RELATIVES)

NAME	ADDRESS	TELEPHONE
------	---------	-----------

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**BLOUNT COUNTY SHERIFF'S OFFICE
EXPLORER POST #86
MEMBERSHIP APPLICATION**

PLEASE READ THE FOLLOWING CAREFULLY

I HEREBY CERTIFY ALL THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND AND ACKNOWLEDGE THAT ANY FALSE OR MISLEADING RESPONSE OR ANSWER ON THIS APPLICATION WILL BE GROUNDS FOR ELIMINATION FROM CONSIDERATION OR IMMEDIATE DISMISSAL IF DISCOVERED AFTER ACCEPTANCE.

IF ACCEPTED, I UNDERSTAND AND AGREE THAT I MAY BE ORDERED BY THE CHIEF ADVISOR TO SUBMIT TO A RANDOM DRUG TEST OR BLOOD ALCOHOL TEST AT ANYTIME. REFUSAL TO SUBMIT TO SUCH A TEST WILL RESULT IN IMMEDIATE DISMISSAL.

I AUTHORIZE ANY NECESSARY BACKGROUND INVESTIGATIONS AND AUTHORIZATION TO CHECK WITH SCHOOLS THAT I ATTEND OR HAVE ATTENDED. I ALSO AUTHORIZE THE RETRIEVAL OF ANY INFORMATION OR TRANSCRIPTS RELATED TO ACCEPTANCE.

APPLICANT'S SIGNATURE: _____ DATE: _____

WITNESS TO SIGNATURE: _____ DATE: _____

I, _____, certify that I am the parent or guardian of the above named minor child. I give permission for all above background investigations and give permission for random drug and alcohol tests to take place. I also give permission for my child to participate in all Explorer Post functions and do hereby agree not to hold Blount County, Blount County Sheriff's Office, its Officers and post advisor(s), responsible for any injury that my minor child may incur as a result of participation in Explorer Post functions.

PARENT OR GUARDIAN SIGNATURE

DATE: _____

APPLICANT'S SIGNATURE

DATE: _____

WITNESS SIGNATURE

DATE: _____