

# Jackson County Sheriff's Office Explorer Post

## Application for Membership

**Instructions *\*\*Read carefully\*\**:** Please fill out this form in its entirety. Incomplete applications will not be considered. If a section does not apply to you, write "N/A". Please also read and sign the attached background waiver. The signed waiver must accompany this application or be brought to the applicant's interview. **A physical signature is required.** A typed name will not be accepted.

### Applicant Requirements:

- Be between the ages of 15-21 years old.
- Have an interest in a law enforcement or criminal justice profession
- Maintain a 2.0 GPA (C) if attending high school
- Have no felony or misdemeanor convictions
- Have a strong moral character

### Section 2: Application Process

- Application submitted and screened for completeness
- Formal panel interview
- Background investigation
- Acceptance or denial

Applicants may submit their application:

- ***\*\*Preferred\*\**** By email: [ssukovich@mijackson.org](mailto:ssukovich@mijackson.org)
- **By mail or in person:**  
Jackson County Sheriff's Office  
Attn Explorer Post  
212 W Wesley St  
Jackson, MI 49201

Once the program has received your application, you will receive an email confirmation. If you have not received a confirmation within a week of sending your application, please email: [ssukovich@mijackson.org](mailto:ssukovich@mijackson.org)

**Full Name (First, Middle, Last):** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Current Age:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
(House # & Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

**Email address:** \_\_\_\_\_

**Do you have a driver's license?**  – Yes |  – No

**Driver's license #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Have you ever received a traffic citation?**  – Yes |  – No **If yes, Please provide details below:**

**Have you ever been arrested?**      O – Yes | O – No

**School Information:**

High school attended: \_\_\_\_\_ Currently attend? O – Yes (Grade: \_\_\_\_ ) | O – No

GPA: \_\_\_\_\_ Year graduated or anticipating graduation: \_\_\_\_\_

College attended: \_\_\_\_\_ Currently attend? O – Yes (Year: \_\_\_\_ ) | O – No

GPA: \_\_\_\_\_ Year graduated or anticipating graduation: \_\_\_\_\_ Major: \_\_\_\_\_

**Have you ever been suspended or expelled from school?** O – Yes | O – No **If yes, please explain below:**

**Please list any sports, activities or hobbies you participate in:**

**Work Information:**

Current Employer(s): \_\_\_\_\_

Telephone numbers: \_\_\_\_\_ Hours work a week: \_\_\_\_\_

Previous Employers: \_\_\_\_\_

**Personal References (2 non-family):**

Name	Relation	Phone #

**How did you find out about the program?**

**Why do you want to be a Police Explorer?**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are filling out this form electronically, a signature will be required during your interview.*

# Jackson County Sheriff's Office

## Explorer Post

### Initial Background Waiver

**This form must be signed in order to be considered for a position in the Jackson County Sheriff's Office Explorer Post. If an applicant is under the age of 18, a parent or guardian must also sign this form. IF YOU ARE SELECTED FOR AN INTERVIEW – BRING THIS SIGNED FORM TO THE INTERVIEW**

In connection with my application for membership, I understand that members of the Jackson County Sheriff's Office will be conducting a background investigation. This investigation may including members of the Jackson County Sheriff's Office contacting my current / previous employers, current / previous educational institutions, law enforcement agencies, courts and any other individual or entity which may be able to provide information on my suitability as a member of the Jackson County Sheriff's Office explorer program. I also understand a criminal history check (to include any dismissed or suppressed convictions) and a driving record check will be conducted. This is necessary because members may come into contact with law enforcement sensitive information.

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or any other individual or entity to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed format from all liability resulting from the furnishing of this information. A photocopy of this background waiver shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Jackson County Sheriff's Office and is received within one year of the signature date,

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for the Jackson County Sheriff's Office Explorer Program.

I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the Jackson County Sheriff's Office (including its explorer program), and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (If under 18) Relationship Date

<b>APPLICANT INFORMATION – Please complete ALL blanks</b>						
Last Name		First Name		Full Middle Name		
Other Names, Nicknames or Aliases used				Date of Birth (Month/Day/Year)		
Present Address	Number/Street	City	State	Zip Code	How Long lived here?	
Previous Address (Within last 7 years)		Number/Street	City	State	Zip Code	
Driver's License Number		State Issued		Expiration Date		