



**City of Modesto
Police Department**

600 Tenth Street
Modesto, CA 95354
(209) 572-9500
(209) 523-4082 Fax

Hearing and Speech
Impaired Only
TDD (209) 526-9211

Office of the Chief
(209) 572-9501
(209) 572-9669 Fax

Support Division
(209) 342-9164
(209) 572-9669 Fax

Operations Division
(209) 572-9565
(209) 572-9656 Fax

Investigations Division
(209) 572-9551
(209) 572-0741 Fax

www.modestogov.com

Dear Explorer Applicant:

You recently indicated an interest in Law Enforcement Exploring, Post #219. Attached is an application for you to complete in detail. In addition, please attach copies of the following document(s) as applicable – **copies only, as they will not be able to be returned.**

- High School Transripts and Diploma/G.E.D.

Please complete the application and waiver forms and deliver your application to the Modesto Police Department, one of the following ways:

1. You can email your application to:

ExplorerApplications@modestopd.com

2. You can mail your application to our mailing address at:

Modesto Police Department Explorers
Attn : Explorer Advisor Ivan Salamanca
600 10th Street
Modesto, CA 95354

3. You can drop off your application to the front lobby counter at the Modesto Police Department at 600 10th Street, Modesto, CA 95354

After you return all of the required paperwork, and if you are selected to move forward within the process, you may be contacted to schedule an interview. It is encouraged for you to prepare for this interview as you would for any other important position.

Thank you for your interest in the Modesto Police Department Exploring program. We look forward to hearing from you. If you have any questions, please call me at (209) 572-9523, or email me at **MPDRecruitment@modestopd.com**.

Sincerely,

Frank Inacio, Sergeant
Modesto Police Department



MODESTO POLICE DEPARTMENT EXPLORER APPLICATION



Police Department: 600 10th Street, P.O. Box 3313, Modesto, CA 95354
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EXPLORER APPLICATION

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET ADDRESS OR PO BOX CITY ZIP

PREVIOUS ADDRESS: _____

PHONE: HOME: _____ WORK: _____ CELL: _____

EMAIL ADDRESS: _____

SEX: _____ **HAIR:** _____ **EYES:** _____ **HEIGHT:** _____ **WEIGHT:** _____

DATE OF BIRTH: _____ **AGE:** _____ **PLACE OF BIRTH:** _____

SCHOOL: _____ **GRADE:** _____ **OVERALL GPA:** _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO PERMIT ONLY

ARE YOU INTERESTED IN A LAW ENFORCEMENT CAREER? YES NO

ARE YOUR PARENTS IN FAVOR OF YOU JOINING EXPLORERS? YES NO

HAVE YOU EVER BEEN ARRESTED? YES NO (IF YES, PLEASE EXPLAIN)

ARE YOU NOW, OR HAVE YOU EVER BEEN ON PROBATION? YES NO

HOW DID YOU HEAR ABOUT THE EXPLORER PROGRAM?



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The following information is requested of you for verification and contact purposes:

Your Name (Please print or type)

Last: _____ First: _____ Middle: _____

Other names (including nicknames) you have used or been known by:

Address at which you can be contacted:

Number: _____ Street: _____ City: _____ State: _____ Zip: _____

Please list the local telephone number(s) and hours at which you can be contacted:

1. _____ Hours: _____

2. _____ Hours: _____

3. _____ Hours: _____

PERSONAL REFERENCES

Parent or Guardian:

1. Name: _____

Address: _____

Telephone: _____

Relationship: _____

2. Name: _____

Address: _____

Telephone: _____

Relationship: _____

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of Police Explorer.

Please list at least three personal references and how each can be contacted:

1. Name: _____

Address: _____

Telephone: _____

Relationship: _____



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2. Name: _____
 Address: _____
 Telephone: _____
 Relationship: _____
3. Name: _____
 Address: _____
 Telephone: _____
 Relationship: _____
4. Name: _____
 Address: _____
 Telephone: _____
 Relationship: _____
5. Name: _____
 Address: _____
 Telephone: _____
 Relationship: _____
6. Name: _____
 Address: _____
 Telephone: _____
 Relationship: _____

If you are currently enrolled in school please list your typical school schedule:

SCHOOL SCHEDULE	START TIME	END TIME	COMMENTS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

SCHOOL: _____



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If you are currently employed please list your typical work schedule:

WORK SCHEDULE	START TIME	END TIME	COMMENTS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

EMPLOYER: _____ PHONE: _____

DRUG USE QUESTIONNAIRE

Have you **EVER**, during your entire lifetime, used, tried, experimented, furnished to another, or in **ANY WAY** ingested into your body any of the following:

SUBSTANCE	NO	YES	DATE FIRST USED	DATE LAST USED	NUMBER OF USES
Marijuana					
Hashish / Hash Oil					
Cocaine / Crack / Rock Cocaine					
Barbiturate or any other "Downer"					
Amphetamines					
Methamphetamines					
Heroin					
LSD or other Hallucinogens Including Mushrooms					
PCP (Angel Dust)					
Used a Pharmaceutical Drug prescribed to another					
Glue / Toluene					
Alcohol					
Synthetic Marijuana, Spice, or Bath Salts					



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DRUG USE QUESTIONNAIRE CONTINUED

Name any other controlled substances not listed that you have ingested: _____

Have you or anyone else ever injected an illegal substance into your body? YES NO

Have you ever sold any illegal substances? YES NO

Have you ever purchased any illegal drug or controlled substance other than by a doctor's prescription?
 YES NO

Have you ever transported or held any illegal controlled substance other than by a doctor's prescription and/or legitimate purpose? YES NO

Have you ever acted as a middleman, go-between, or "done a favor" by becoming involved in an illegal drug transaction? YES NO

Have you ever told anyone else where to purchase drugs? YES NO

Is any illegal substance currently in your home or car? YES NO

I certify that all of the information contained herein is true and correct to the best of my knowledge.

Signature

Date

