

HANAHAN POLICE DEPARTMENT EXPLORER POST APPLICATION



EXPLORER POST #15

Please complete the application without omitting any information.
If you have a question pertaining to the forms, contact Corporal T. Dodd.
Office # (843) 554-4221 ext. 301 or e-mail at tdodd@cityofhanahan.com

City of Hanahan Police Department

CHIEF OF POLICE
MICHAEL A. COCHRAN



LIEUTENANT
MICHAEL E. FOWLER
DENNIS R. TURNER

EXPLORER CADET BASIC QUALIFICATIONS

- United States citizen
- 14 to 20 years of age
- If attending school, must have overall (C) average with no failing grades
- If completed school, must have a high school diploma or G.E.D.
- Successfully pass an interview board
- Successfully pass a Background Investigation
- No criminal record (other than minor traffic violations)

HANAHAN POLICE DEPARTMENT

Explorer Post Application



APPLICANT INFORMATION			
Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone	E-mail Address	
Date of Birth	Social Security Number	Age	

LEGAL GUARDIAN OR PARENT INFORMATION			
Last Name	First		
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Work or Cell Phone		
Last Name	First		
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Work or Cell Phone		

EMERGENCY CONTACT INFORMATION			
Last Name	First		
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Work or Cell Phone		

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Graduation Date:	
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Graduation Date:	

REFERENCES

Please list three people that you have known for at least two years. Do not include relatives or former employers.

Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

EMPLOYMENT HISTORY

Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

MEDICAL INFORMATIONName of
Family
Physician

Phone ()

Name of
Health
Insurance
Company

Phone ()

List the Names of
Medications Taken**ILLICIT DRUG USE***Have you ever sold, experimented with or used any of the following drugs? (Check the appropriate box, explain the circumstance(s) and give the date last used.)*Marijuana YES NO Speed YES NO Cocaine YES NO PCP YES NO Hash YES NO Ecstasy YES NO Other YES NO **DISCLAIMER AND SIGNATURE**

I certify that all information I provided in this application is true and correct. I further understand that upon my acceptance to this volunteer program that I am not a police officer and being a cadet does not bestow unto me any arrest or police authority whatsoever. I further state that should I be accepted, I will not impersonate or identify myself as a police officer and I understand I will be prosecuted according to the South Carolina Code of Laws.

Signature

Date