



# City of Morgan Hill Police Explorer Application

City of Morgan Hill Police Department, 16200 Vineyard Blvd, Morgan Hill, CA 95037  
Office: 408.779.2101 [www.morgan-hill.ca.gov](http://www.morgan-hill.ca.gov)

Office Use Only	Date Received: _____	By: _____
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To qualify for an Explorer membership, you must be at least 14 years of age and no older than 21 years of age. You must be currently enrolled in school, if under 18, and maintain a "C" average or better. You must not have any felony convictions and no pending criminal cases. Applicants showing a continued interest in the Explorer program will gain knowledge and experience in the field of law enforcement.

Please return completed applications to Idalia Echehoven (408) 779-2101, [idalia.echehoven@morganhill.ca.gov](mailto:idalia.echehoven@morganhill.ca.gov)

## PERSONAL INFORMATION

Position Applying For: **Explorer POST 811**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Day Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you over 18? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Were you referred to this Explorer program by a current City of Morgan Hill employee or Explorer? (If yes, state whom):  
\_\_\_\_\_

Please answer the following questions. "Yes" answers are not necessarily disqualifying.

	<u>Yes</u>	<u>No</u>	<u>Explain Here</u>
Have you ever been convicted of any offense other than a driving violation or convictions that are over two years old as of the date of this application for violations of H&S Codes 11357,11360,11364,11365,or 11550 as these statutes relate to marijuana? You are not required to make disclosures prohibited by the Labor Code. If yes, list offense and date under "Explain Here".			
Have you ever been convicted of reckless driving or driving under the influence of alcohol/drugs OR has your driver's license ever been suspended or revoked? If yes, list offense and conviction date under "Explain Here".			
Were you ever discharged from employment or forced to resign? If yes, explain.			
Are you now or have you ever been employed by the City of Morgan Hill? Do you have a relative who is an official or employee of the City of Morgan Hill? If yes, explain.			

## EDUCATION AND TRAINING

Name and Location of High School \_\_\_\_\_

Circle the highest grade you have completed.

High School Graduate: Yes No

1 2 3 4 5 6 7 8 9 10 11 12

Passed GED High School Tests: Yes No N/A

College 1 2 3 4 Semester Units Completed: \_\_\_\_\_

Name of College or University	Location	Course of Study	Degree Received	Sem./Qtr. Units Completed

Business, Trade Or Technical Schools	Course Studied	Duration	Completed?

## WORK EXPERIENCE

**Do not indicate "SEE RESUME" - this section must be completed.** Starting with your most recent experience list your duties and responsibilities that are pertinent to the position for which you wish to volunteer. You may include any prior related volunteer work.

Dates of Employment From: Mo/Yr _____ To: Mo/Yr _____	Employer	Job Title	Salary: \$
Hours Per Week:	Street Address City State/Zip	Name, title & phone # of supervisor	
Duties:			
Reason for Leaving:			

Dates of Employment From: Mo/Yr _____ To: Mo/Yr _____	Employer	Job Title	Salary: \$
Hours Per Week:	Street Address City State/Zip	Name, title & phone # of supervisor	
Duties:			
Reason for Leaving:			

Dates of Employment From: Mo/Yr _____ To: Mo/Yr _____	Employer	Job Title	Salary: \$
Hours Per Week:	Street Address      City      State/Zip	Name, title & phone # of supervisor	
Duties:			
Reason for Leaving:			

**MISCELLANEOUS BACKGROUND INFORMATION:**

Volunteer Experience:

Leadership Positions (past and present):

Skills that would qualify you for this position:

Recognitions(s), award(s) received. Name of recognition & organization:

Hobbies, skills, and outside interests:

**LIST FOUR (4) FRIENDS OTHER THAN RELATIVES:**

1. Name (First, Last): \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name (First, Last): \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name (First, Last): \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Address: \_\_\_\_\_
4. Name (First, Last): \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Address: \_\_\_\_\_

**LIST TWO (2) RELATIVES OTHER THAN YOUR PARENTS THAT DON'T LIVE WITH YOU.**

1. Name (First, Last): \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name (First, Last): \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Address: \_\_\_\_\_

**Emergency Contact:**

Name (First, Last): \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Address: \_\_\_\_\_

Name (First, Last): \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Address: \_\_\_\_\_

Name (First, Last): \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Address: \_\_\_\_\_

**THE MORGAN HILL POLICE EXPLORER POST NEEDS A COPY OF YOUR BIRTH CERTIFICATE, MOST RECENT GRADES, AND DMV PRINTOUT.**

**CERTIFICATION OF APPLICANT:** I hereby certify that the information contained in this application for employment is true and complete to the best of my knowledge. I understand that any misrepresentation or deliberate omission of a material fact in my application may disqualify me from the application process or terminate my employment. I agree to undergo a job related drug testing, fingerprinting and background check, if offered employment. I authorize the employers, schools or persons named in my application documents to give any additional information regarding my qualifications and character, and release them from any liability for any damages whatsoever for issuing this information to the extent permitted by law.

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**Applicant's Signature (Required)**

**Date**

Signature(s) of parents or guardians if under 18:

Parent or Guardian: \_\_\_\_\_  
Occupation: \_\_\_\_\_

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

Parent or Guardian: \_\_\_\_\_  
Occupation: \_\_\_\_\_

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