

Tomball Police Department Explorer Program



Preliminary Questionnaire

Date: _____

The purpose of this questionnaire is to assist us in determining if you meet the minimum standards set by the Tomball Police Department, Learning for Life, Boy Scouts of America, and the Texas Law Enforcement Explorer Advisory Association (T.L.E.E.A.A.).

This Questionnaire is designed to save you time and money by allowing is to determine if you qualify to continue processing with the Explorer Program and the Tomball Police Department.

Read each question carefully. These questions will be asked again during a detailed interview with an Explorer Advisor and then verified. Knowingly giving any false answers is just cause for denying or terminating your application.

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Address: _____ Apt. #: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Twitter/ Facebook Name: _____

Adult Tshirt Size: _____ Height: _____ Weight: _____

Allergic Reactions: _____

Medical Conditions: _____

EDUCATION

Do you have a High School Diploma? YES NO If NO, do you have a G.E.D.? YES NO

If NO to above, what High School are you attending? _____

Grade: _____ Counselor: _____

Do you have any college hours or credit? YES NO If YES, how many hours/credits?: _____

DRIVING RECORD

Do you have a valid Driver's License? YES NO Driver's License #: _____

Have you ever had any traffic tickets (regardless of outcome) YES NO If YES, how many? _____

How many in last 12 months?: _____

ARREST RECORD

Have you ever been arrested as a juvenile? YES NO Have you ever been arrested as an Adult? YES NO

List all arrests (to include M.I.P., Littering, etc.), regardless of outcome:

Date	Offense	Disposition (Jail Time, Not Guilty, Fine, etc)

DRUG USE

Have you ever intentionally or knowingly used, experimented with, or tried any of the following illegal drugs or substances?

		YES	NO	When Last Used?	AGE	MONTH	/	YEAR
Marijuana	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Hashish	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Steroids	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Inhalants	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Ecstasy (XTC)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Meth (Speed)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
LSD	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Heroin	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Cocaine	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Crack	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
P.C.P.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Quaaludes	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Psilocybin	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____
Tranquilizers	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	When Last Used?	_____	/	_____

Name any other designer drug(s) you have used: _____

Have you ever taken prescription drugs NOT prescribed to you? YES NO

If YES, please explain: _____

JOB HISTORY

Are you currently employed? YES NO

How many full-time jobs have you held, including your present job? _____

Have you ever been fired from a job? YES NO

1. When? _____ Why? _____

2. When? _____ Why? _____

Name of Employer(s) who fired you: _____

Have you ever been asked to resign? YES NO If YES, why? _____

List the jobs you have held starting with current job:

Name of Business	Immediate Supervisor	Position	Duties	Dates Employed:
				-
				-
				-
				-
				-

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any such willful misrepresentation, omission, or falsification will deem me permanently unsuitable, or if accepted, will terminate my application.

Print Full Name: _____

Signature: _____

Date: _____