



Lake County Sheriff's Office

Sheriff Frank Leonbruno

104 East Erie St. Painesville, Ohio 44077

(440)350-5517

email: sheriffwebmaster@lakecountyohio.org

APPLICATION for EXPLORER POST MEMBER

Date: _____

Social Security No: _____ Date of Birth: _____

Full Name: _____
Last First Middle Maiden

Address: _____
Number Street Name Apt Number

City State Zip

Telephone Numbers Cell: _____

Home: _____

Email Address: _____

Have you ever applied here before? Yes _____ No _____

Have you ever been employed here before? Yes _____ No _____

If yes, give date. _____ Office/Department _____

In what position? _____

Give name, address, telephone number, and email address of three (3) references who are not related to you and are not previous employers.

EDUCATION:

	Middle School / Junior High School	High School	College / University
School Name			
(Check) Years Completed	3 4 5 6 7 8	9 10 11 12	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			

Please list below any Professional or Technical Licenses, Permits, etc. you hold (Give State, County, or City in which registered):

EMPLOYMENT EXPERIENCE:

Begin with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Are you employed now? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Employer	Telephone	Dates Employed		
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

If necessary, can you supply your own transportation to and from Explorer programs?

Yes _____ No _____

Mother: _____ / Father: _____ / Guardian: _____

Address: _____

Phone: _____

In case of emergency, notify:

Name:

Address: _____

Phone: _____

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I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief.

I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, high schools, colleges or universities which I have attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment, and I hereby consent that they may disclose such knowledge or information.

_____/_____
Signature of Applicant / Signature of Parent / Guardian