

# **OXNARD POLICE DEPARTMENT LAW ENFORCEMENT EXPLORER PROGRAM APPLICATION PACKET**

## **WHAT IS LAW ENFORCEMENT EXPLORING?**

- THE LAW ENFORCEMENT EXPLORER PROGRAM IS AFFILIATED WITH THE BOY SCOUTS OF AMERICA.
- THE PROGRAM IS DESIGNATED FOR YOUTH INTERESTED IN PURSUING A CAREER IN LAW ENFORCEMENT.
- A STRICTLY VOLUNTEER PROGRAM ALLOWING YOUTH TO ASSIST WITH LAW ENFORCEMENT FUNCTIONS.

## **WHAT ACTIVITIES DOES AN EXPLORER PERFORM?**

- RIDE WITH OFFICERS DURING ROUTINE PATROL
- PERFORM MANY CRIME PREVENTION FUNCTIONS
- WORK WITH OTHER LAW ENFORCEMENT AGENCIES
- RECEIVE TRAINING RELATED TO POLICE WORK
- PARTICIPATE IN SOCIAL COMMUNITY EVENTS

## **WHAT ARE THE QUALIFICATIONS TO BECOME AN EXPLORER?**

- 14 TO 20 YEARS OF AGE
- MAINTAIN A 2.5 GPA
- NO SERIOUS CRIMINAL HISTORY
- GOOD DRIVING RECORD
- NO SERIOUS HEALTH CONDITIONS
- COMPLETION OF THE LAW ENFORCEMENT EXPLORER ACADEMY

## **UPON COMPLETION OF APPLICATION PACKET**

### **RETURN TO:**

**THE OXNARD POLICE DEPARTMENT  
251 SOUTH "C" STREET OXNARD, CA 93030**

*This Oxnard Police Department Explorer Post 9286 Application was updated on January 30, 2013. This Application is subject to revision.*

# OXNARD POLICE DEPARTMENT LAW ENFORCEMENT EXPLORER PROGRAM

TO THE APPLICANT:

THIS APPLICATION WILL BE PART OF A DETAILED INVESTIGATION OF YOUR BACKGROUND. TYPE OR PRINT ANSWERS LEGIBLY IN **BLACK INK ONLY!** IF YOU NEED ADDITIONAL SPACE TO ANSWER A QUESTION, USE AN ADDITIONAL SHEET OF PAPER AND ATTACH IT TO THE BACK OF THE APPLICATION. PLEASE DO NOT LEAVE ANY AREAS BLANK. IF AN AREA DOES NOT APPLY TO YOU, TYPE OR WRITE "N/A" (NOT APPLICABLE) IN THE SPACE PROVIDED.



# OXNARD POLICE DEPARTMENT LAW ENFORCEMENT EXPLORER PROGRAM

## APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY	ZIP CODE
HOME PHONE	CELL PHONE	
YEARS AT RESIDENCE	DATE OF BIRTH	AGE
PLACE OF BIRTH	U.S. CITIZEN BY BIRTH OR NATURALIZATION	
HEIGHT	WEIGHT	HAIR
EYES	DRIVER'S LICENSE / IDENTIFICATION NUMBER	
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	

## SCHOOL INFORMATION

SCHOOL NOW ATTENDING	GRADE	SCHOOL I.D. NUMBER	GPA	SCHOOL RESOURCE OFFICER
COUNSELOR	COUNSELOR'S PHONE			

## WORK INFORMATION

PLACE OF EMPLOYMENT	POSITION HELD	SUPERVISOR'S NAME
PLACE OF EMPLOYMENT ADDRESS	CITY	ZIP CODE
SUPERVISOR'S PHONE		

## PARENT INFORMATION

FATHER'S FULL NAME	HOME PHONE	CELL PHONE
FATHER'S ADDRESS	CITY	ZIP CODE
EMPLOYER	EMPLOYER'S PHONE	
EMPLOYER'S ADDRESS	CITY	ZIP CODE
MOTHER'S FULL NAME	HOME PHONE	CELL PHONE
MOTHER'S ADDRESS	CITY	ZIP CODE
EMPLOYER	EMPLOYER'S PHONE	
EMPLOYER'S ADDRESS	CITY	ZIP CODE

# OXNARD POLICE DEPARTMENT LAW ENFORCEMENT EXPLORER PROGRAM

LIST ANY MEMBERS OF THE OXNARD POLICE DEPARTMENT OR THE POLICE EXPLORERS WITH WHOM YOU ARE ACQUAINTED:

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HOW DID YOU LEARN ABOUT THE EXPLORER PROGRAM?

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WHY DO YOU WANT TO BECOME AN EXPLORER?

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HAVE YOU APPLIED FOR ANY OTHER LAW ENFORCEMENT POSITION IN THE PAST?  YES  NO

HAVE YOU EVER BEEN ARRESTED?  YES  NO

HAVE YOU EVER RECEIVED A TRAFFIC CITATION (TICKET)?  YES  NO

HAVE YOU EVER BEEN QUESTIONED BY THE POLICE?  YES  NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE SUPPLY THE FOLLOWING INFORMATION:

DATE	AGENCY	CHARGE	PENALTY	REASON

# OXNARD POLICE DEPARTMENT LAW ENFORCEMENT EXPLORER PROGRAM

LIST **FIVE** PEOPLE, OTHER THAN FAMILY MEMBERS, WHO CAN PROVIDE A REFERENCE OF CHARACTER.

1	_____	_____	_____	_____	_____
	NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN
2	_____	_____	_____	_____	_____
	NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN
3	_____	_____	_____	_____	_____
	NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN
4	_____	_____	_____	_____	_____
	NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN
5	_____	_____	_____	_____	_____
	NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

# PRE-APPOINTMENT QUESTIONNAIRE

READ AND ANSWER THE FOLLOWING QUESTIONS CAREFULLY AND HONESTLY. ANSWERS ARE SUBJECT TO VERIFICATION BY A POLYGRAPH EXAMINATION.

A "YES" ANSWER IS NOT IN AND OF ITSELF GROUNDS FOR DISQUALIFICATION, WHEREAS AN UNTRUTHFUL RESPONSE WILL BE.

1. HAVE YOUR EVER COMMITTED ANY OF THE FOLLOWING ACTS?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| ARSON (INTENTIONALLY STARTING A FIRE)                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| BURGLARY (ENTRY OF A BUILDING OR VEHICLE TO COMMIT A THEFT OR OTHER CRIME) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ROBBERY (THEFT FROM ANOTHER PERSON USING WEAPON OR FORCE)                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| HOMICIDE   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| PETTY THEFT  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| GRAND THEFT  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| FORGERY  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| VANDALISM  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ILLEGAL GAMBLING   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DRUNK IN PUBLIC  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| INDECENT EXPOSURE  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| HIT AND RUN  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| POSSESS ALCOHOL AS A MINOR   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| POSSESS OR USED AN ALTERED I.D. OR LICENSE                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| KIDNAPPING   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| POSSESS STOLEN PROPERTY  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DOMESTIC VIOLENCE  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| EXTORTION (BLACKMAIL)  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| EMBEZZLEMENT (THEFT OF MONEY OR OTHER VALUABLES ENTRUSTED TO YOU)          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| RAPE (SEXUAL INTERCOURSE BY FORCE)   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY OTHER FORCIBLE SEX ACT (ORAL COPULATION, SODOMY, ETC.)                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ASSAULTED OR HIT ANOTHER PERSON  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| HIT YOUR SPOUSE, GIRLFRIEND, BOYFRIEND, ETC.                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| BEEN INVOLVED IN A FIGHT, WHETHER YOU STARTED IT OR NOT                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IF SO, CHECK THE APPROPRIATE BOX OF HOW MANY FIGHTS:

- 1-5       6-10       11-15       16+

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS, EXPLAIN: \_\_\_\_\_

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# PRE-APPOINTMENT QUESTIONNAIRE -CONTINUED-

2. HAVE YOU EVER TAKEN, BORROWED, OR ILLEGALLY GIVEN AWAY MERCHANDISE TO FRIENDS, RELATIVES, OR CO-WORKERS WITHOUT PERMISSION AND FAILING TO RETURN THE MERCHANDISE, COMPANY PROPERTY, OR EQUIPMENT – INCLUDING MONEY?  YES  NO

IF YOU ANSWERED “YES” TO THE ABOVE QUESTION, PLEASE NAME WHAT WAS TAKEN AND ESTIMATE THE TOTAL DOLLAR VALUE OF ALL SUCH MERCHANDISE, COMPANY PROPERTY, OR EQUIPMENT – INCLUDING MONEY.

NAME	ESTIMATED DOLLAR AMOUNT
NAME	ESTIMATED DOLLAR AMOUNT
NAME	ESTIMATED DOLLAR AMOUNT
NAME	ESTIMATED DOLLAR AMOUNT
NAME	ESTIMATED DOLLAR AMOUNT

3. HAVE YOU **EVER** USED OR EXPERIMENTED WITH ANY OF THE FOLLOWING SUBSTANCES, DRUGS, OR NARCOTICS?

<b>AMPHETAMINES</b> <i>SPEED, UPPERS, UPS, BLACK BEAUTIES, PEP PILLS, COPILOTS, BUMBLE-BEES, HEARTS, FOOTBALLS, WAKE-UPS, TRUCK DRIVERS, EYE OPENERS, CROSS TOPS, WHITE CROSSES, CRYSTALS, BLACK MOLLIES, PEACH ROSES, WHITES, BENNIES, DEXIES</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>AMYL NITRITE</b> <i>POPPERS, SNAPPERS</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>BARBITURATES</b> <i>DOWNERS, BARBS, NIMBIES, NEMMIES, YELLOW, YELLOW JACKETS, BLUES, BLUE BIRDS, BLUE DEVILS, RED BIRDS, PINKIES, PINK LADIES, RAINBOWS, DOUBLE TROUBLES, TOOLEES, CHRISTMAS TREES</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>HASHISH</b> <i>HASH</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>HASHISH OIL</b> <i>HASH OIL</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>HYDROCARBONS / TOLUENE</b> <i>SOLVENTS, AEROSOL SPRAYS, CLEANING FLUIDS</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>MARIJUANA (INCLUDING MEDICINAL MARIJUANA)</b> <i>BUD, ENDO, BOOM, POT, REEFER, GRASS, WEED, DOPE, GANJA, MARY JANE, ACAPULCO GOLD, COLUMBIAN GOLD, JOINT, ROACH, TAI STICKS, DOOBIE</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

METHAMPHETAMINES  YES  NO  
*CRYSTAL METH, ICE, SPEED, CR*

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METHAQUALONES  YES  NO  
*QUAALUDES, LUDES, SOPOR*

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NITROUS OXIDE  YES  NO  
*LAUGHING GAS, WHIPPETS*

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STEROIDS  YES  NO

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TETRAHTDROCANNABINOL  YES  NO  
*THC*

---

COCAINE  YES  NO  
*COKE, SNOW, NOSE CANDY, FLAKE, BLOW, BIG "C", LADY, WHITE, SNOWBIRD*

---

CRACK COCAINE  YES  NO  
*CRACK, ROCK, FREEBASE*

---

DESIGNER  YES  NO  
*SYNTHETIC HEROIN, CHINA WHITE, NEW HEROIN, ECSTASY, XTC, ADAM, ESSENCE, PCPY, PCE, PCP*

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HEROIN  YES  NO  
*SMACK, HORSE MUD, BROWN SUGAR, JUNK, BLACK TAR, BIG "H", PURE GRAM, CAP, BUNDLE, SPOON, A FIX*

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LYSERGIC ACID  YES  NO  
*LSD, ACID, MICRODOT, WHITE LIGHTING, BLUE HEAVEN, SUGAR CUBES, TABS*

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MESCALINE  YES  NO  
*MESC*

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OPIUM  YES  NO  
*PAREGORIC, DOVER'S POWDER, PAREPECTOLIN*

---

PEYOTE  YES  NO  
*BUTTONS, CACTUS*

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PHENCYCLIDINE  YES  NO  
*PCP, HOG, ANGEL DUST, LOVE BOAT, LOVELY, KILLER WEED, WHACK, DUST, SHERMS*

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PSILOCYBIN  YES  NO  
*MAGIC MUSHROOMS, SHROOMS*

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DEXTROMETHORPHAN  YES  NO  
*DXM*

---

OTHERS: \_\_\_\_\_  YES  
\_\_\_\_\_  
\_\_\_\_\_



# PRE-APPOINTMENT QUESTIONNAIRE -CONTINUED-

4. HAVE YOU EVER SOLD NARCOTICS OR DRUGS, INCLUDING MARIJUANA?  YES  NO

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, ANSWER THE FOLLOWING QUESTIONS:

SUBSTANCE	NUMBER OF TIMES	TOTAL PROFIT	DATE LAST SOLD
SUBSTANCE	NUMBER OF TIMES	TOTAL PROFIT	DATE LAST SOLD
SUBSTANCE	NUMBER OF TIMES	TOTAL PROFIT	DATE LAST SOLD

5. HAVE YOU EVER SUPPLIED, MANUFACTURED, POSSESSED, OR CULTIVATED ANY DRUG, NARCOTIC, OR ANY OTHER ILLEGAL SUBSTANCE?  YES  NO

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE NAME THE SUBSTANCE(S) AND EXPLAIN.

SUBSTANCE	EXPLAIN
SUBSTANCE	EXPLAIN

6. HAVE YOU EVER CONSUMED ALCOHOL?  YES  NO

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE STATE WHEN YOU CONSUMED AND THE AMOUNT.

DATE CONSUMED	AMOUNT CONSUMED	EXPLAIN
DATE CONSUMED	AMOUNT CONSUMED	EXPLAIN
DATE CONSUMED	AMOUNT CONSUMED	EXPLAIN
DATE CONSUMED	AMOUNT CONSUMED	EXPLAIN
DATE CONSUMED	AMOUNT CONSUMED	EXPLAIN

7. HAVE YOU EVER COMMITTED ANY CRIMINAL ACT NOT PREVIOUSLY MENTIONED?  YES  NO

CRIMINAL ACT	EXPLAIN
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# PRE-APPOINTMENT QUESTIONNAIRE

## -CONTINUED-

8. HAVE YOU EVER BEEN ACCUSED OR BEEN THE VICTIM OF SEXUAL HARASSMENT OR DISCRIMINATION?  YES  NO

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EXPLAIN

9. HAVE YOU EVER ASSOCIATED WITH OR KNOW ANY MEMBERS OF ANY STREET GANG OR ANY ORGANIZED CRIME GROUP (INCLUDING OUTLAW MOTORCYCLE GROUPS OR PRISON GANGS)?  YES  NO

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EXPLAIN AND NAME OF GANG

10. HAVE YOU EVER BEEN TO ANY FUNCTION WHERE STREET GANGS OR ORGANIZED CRIME GROUPS WERE PRESENT?  YES  NO

---

EXPLAIN

11. HAVE YOU EVER INTENTIONALLY OMITTED ANY FACTS, INFORMATION OR PROVIDED FALSE INFORMATION ON ANY JOB APPLICATION?  YES  NO

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EXPLAIN

12. HAVE YOU EVER SOLICITED OR ATTEMPTED TO SOLICIT FOR PAID SEX?  YES  NO

---

EXPLAIN

13. HAVE YOU EVER RECEIVED PAYMENT FOR A SEXUAL ACT?  YES  NO

---

EXPLAIN

14. HAVE YOU EVER PARTICIPATED IN A SEXUAL ACT WITH AN ANIMAL?  YES  NO

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EXPLAIN

15. HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEX OFFENDER?  YES  NO

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EXPLAIN

# PRE-APPOINTMENT QUESTIONNAIRE -CONTINUED-

16. HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW OR A MILITARY TRIBUNAL?

YES

NO

PLACE OF OFFENSE	DISPOSITION	DATE
PLACE OF OFFENSE	DISPOSITION	DATE
PLACE OF OFFENSE	DISPOSITION	DATE
PLACE OF OFFENSE	DISPOSITION	DATE

17. HAVE YOU EVER USED A SOCIAL SECURITY NUMBER OTHER THAN YOUR OWN?

EXPLAIN

18. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED, OR HAS YOUR PRIVILEGE TO DRIVE EVER BEEN RESTRICTED OR PUT ON PROBATION?

YES

NO

EXPLAIN

19. LIST ALL CITATIONS (TICKETS) YOU HAVE RECEIVED IN THE PAST SEVEN YEARS.

NONE

CITATION	NATURE	AGENCY	CITY	DATE
CITATION	NATURE	AGENCY	CITY	DATE
CITATION	NATURE	AGENCY	CITY	DATE
CITATION	NATURE	AGENCY	CITY	DATE
CITATION	NATURE	AGENCY	CITY	DATE
CITATION	NATURE	AGENCY	CITY	DATE
CITATION	NATURE	AGENCY	CITY	DATE

# PRE-APPOINTMENT QUESTIONNAIRE -CONTINUED-

**“I AM AWARE THAT ANY FALSE STATEMENT OR OMISSION ON THIS QUESTIONNAIRE MAY CAUSE MY NAME TO BE REMOVED FROM THE ELIGIBILITY LIST, OR BE CAUSE FOR IMMEDIATE DISMISSAL IF ANY APPOINTMENT WAS MADE.”**

DO YOU UNDERSTAND THIS ADMONISHMENT?

YES

NO

DO YOU HAVE ANY QUESTIONS ABOUT THIS ADMONISHMENT?

YES

NO

---

PLEASE STATE YOUR QUESTION(S)

---

APPLICANT'S SIGNATURE

---

DATE

---

APPLICANT'S PRINTED NAME

---

PARENT / GUARDIAN SIGNATURE (MINOR ONLY)

---

DATE

---

PARENT / GUARDIAN PRINTED NAME

*This Oxnard Police Department Explorer Post 9286 Application was updated on January 30, 2013. This Application is subject to revision.*





## REQUIRED DOCUMENTS

**PLEASE READ THESE INSTRUCTIONS CAREFULLY.** YOUR ABILITY TO FOLLOW INSTRUCTIONS ACCURATELY AND IN A TIMELY MANNER IS PART OF THE BACKGROUND INVESTIGATION PROCESS. PLEASE NOTE THAT ALL THE ITEMS COVERED ON THIS LIST ARE YOUR RESPONSIBILITY TO OBTAIN. IT MAY TAKE SEVERAL WEEKS TO ARRANGE FOR SOME OF THESE DOCUMENTS, SO BEGIN WORKING ON THEM IMMEDIATELY. DO NOT DELAY AT COMPLETING YOUR PERSONAL HISTORY STATEMENT FORM OR OTHER APPLICATION MATERIALS WHILE WAITING FOR THESE DOCUMENTS.

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THE FOLLOWING DOCUMENTS MUST BE CERTIFIED OR OFFICIAL COPIES WHICH BEAR A RAISED / ORIGINAL SEAL.

- OFFICIAL SCHOOL TRANSCRIPTS, WHETHER OR NOT YOU GRADUATED.
- OFFICIAL COLLEGE TRANSCRIPTS FROM *EACH* COLLEGE AND UNIVERSITY YOU HAVE ATTENDED.

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**COPIES** OF THE FOLLOWING DOCUMENTS MUST BE TURNED IN WITH THIS APPLICATION:

- BIRTH CERTIFICATE [*NOTE: IF YOU WERE BORN OUTSIDE OF THE UNITED STATES, YOU WILL NEED TO SHOW EITHER YOUR ORIGINAL CERTIFICATE OF NATURALIZATION OR YOUR U.S. PASSPORT.*]
- HIGH SCHOOL DIPLOMA, G.E.D. CERTIFICATE, OR CERTIFICATE OF HIGH SCHOOL PROFICIENCY
- SOCIAL SECURITY CARD
- CALIFORNIA DRIVER'S LICENSE OR CALIFORNIA IDENTIFICATION CARD
- SCHOOL I.D.
- ANY OTHER CERTIFICATES, AWARDS, RECOGNITIONS, ETC.

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## ACKNOWLEDGMENT

**I HAVE RECEIVED A COPY OF THIS FORM AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ARRANGE FOR ALL OF THE DOCUMENTS ABOVE WHICH APPLY TO ME. FAILURE TO PROMPTLY ARRANGE FOR THESE DOCUMENTS WILL RESULT IN MY APPLICATION BEING DROPPED FROM CONSIDERATION FOR THIS POSITION WITH THE OXNARD POLICE EXPLORERS.**

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APPLICANT'S SIGNATURE

---

DATE

---

APPLICANT'S PRINTED NAME



## ADVISEMENT TO APPLICANTS

A thorough background investigation entails inquiries into the facts surrounding the acts or conduct of an applicant for employment that bears a demonstrable relationship to the applicant’s fitness for employment. The purpose of a pre-employment background investigation is to verify the application you have submitted, and any statements you have made to your prospective employer concerning your qualifications.

The California Courts have held that an employer has a legal duty to know the persons who it employs. In some cases, California law may mandate a background investigation before employment, while in other cases it is merely a case of public policy or prudence before placing someone in a position of public trust.

For some people, there may be one or more incidents or occurrences in their background which they regret, over which they may feel some embarrassment. A prospective employer will not make inquiries into areas of a person’s background which have no legitimate bearing on their qualifications for the job.

*Understand that the mere presence of so-called “negative” information in your Background is not automatically disqualifying. For example, an applicant may have engaged in petty theft, have used illegal drugs, may have been fired from a job or even have been convicted of a crime. While these events, in and of themselves, may not automatically remove that person from consideration for a job, **lying about them will!***

A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion of your privacy. Your background investigator will contact persons who know you and will examine official documents and records concerning you to assure that you have been honest in your application, in order to fulfill the legal mandates imposed by the Courts and the Legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

### CERTIFICATION

**I understand that any false statements and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement, understand its contents, and have been furnished a copy.**

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT’S PRINTED NAME

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE (MINOR ONLY)

\_\_\_\_\_  
DATE



# AUTHORIZATION TO RELEASE INFORMATION



AS AN APPLICANT FOR A POSITION WITHIN THE OXNARD POLICE DEPARTMENT, I AM REQUIRED TO FURNISH INFORMATION FOR THE USE IN DETERMINING MY ELIGIBILITY, FITNESS, MORAL, PHYSICAL, AND MENTAL QUALIFICATIONS.

I HERBY AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION YOU MAY HAVE CONCERNING ME, INCLUDING BUT NOT LIMITED TO, INFORMATION OF A CONFIDENTIAL OR PRIVILEGE NATURE, OR ANY DATA OR MATERIALS WHICH HAVE BEEN SEALED OR UNDERSTOOD TO BE WITHHELD PURSUANT TO ANY PRIOR AGREEMENT OR COURT PROCEEDING INVOLVING DISCIPLINARY MATTER. SUCH INFORMATION MAY ALSO INCLUDE, BUT NOT LIMITED TO, PERFORMANCE EVALUATIONS, BACKGROUND INVESTIGATION REPORTS, POLYGRAPH EXAMINATION RESULTS, AND ANY AND ALL INTERNAL AFFAIRS INVESTIGATIONS, COMPLAINTS, OR GRIEVANCES FILED BY, OR AGAINST ME TO ANY AUTHORIZED REPRESENTATIVE OF THE OXNARD POLICE DEPARTMENT POSSESSING THIS RELEASE OR A PHOTOCOPY THEREOF.

I ALSO AUTHORIZE RELEASE OF INFORMATION CONCERNING MY HONESTY, INTEGRITY, AND FINANCIAL STABILITY, INCLUDING INFORMATION OBTAINED FROM, BUT NOT LIMITED TO, LANDLORDS, NEIGHBORS, AND RELATIVES.

I HERBY RELEASE, DISCHARGE, EXONERATE THE AGENCIES, THEIR AGENTS AND REPRESENTATIVES AND ANY PERSON FURNISHING INFORMATION FROM ANY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF THE FURNISHING AND INSPECTION OF SUCH DOCUMENTS, RECORDS, AND OTHER INFORMATION, AND THIS RELEASE SHALL BE BINDING OF MY LEGAL REPRESENTATIVES, HEIRS, AND ASSIGNS.

## AUTHORIZATION

**THIS AUTHORIZATION OR A PHOTOCOPY OF IT, WHEN PRESENTED IN PERSON BY AN OFFICIAL OF THE OXNARD POLICE DEPARTMENT OR THROUGH THE U.S. MAIL, IN CONJUNCTION WITH AN OFFICIAL REQUEST, IS VALID IF PRESENTED WITHIN ONE (1) YEAR FROM THE DATE INDICATED BELOW, EVEN THOUGH THE SAID COPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE (MINOR ONLY)

\_\_\_\_\_  
DATE



# OXNARD POLICE DEPARTMENT EXPLORER PHYSICAL AGILITY TEST



## WAIVER OF CIVIL LIABILITY

A VERY IMPORTANT PART OF THE LAW ENFORCEMENT PROFESSION IS THE PHYSICAL FITNESS OF LAW ENFORCEMENT PROFESSIONALS. THE EXPLORER PROGRAM PLACES AN EMPHASIS ON PHYSICAL FITNESS TO REINFORCE THE NECESSITY OF STAYING FIT AND PREPARED FOR LAW ENFORCEMENT DUTIES. AS AN APPLICANT, YOU MUST BE ABLE TO PASS A PHYSICAL AGILITY TEST TO BE CONSIDERED.

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE PARTICIPATION IN THE PHYSICAL AGILITY TEST.

### WAIVER

**I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE CITY OF OXNARD, THE OXNARD POLICE DEPARTMENT, ITS OFFICERS OR EMPLOYEES FROM ANY LIABILITY, LOSS OR INJURY, OR EXPENSE RESULTING FROM OR ARISING OUT OF ANY INJURIES TO MYSELF OR OTHERS WHICH I MAY INCUR WHILE TAKING THE PHYSICAL AGILITY TEST FOR THE OXNARD POLICE DEPARTMENT EXPLORERS.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE (MINOR ONLY)

\_\_\_\_\_  
DATE

### EMERGENCY CONTACT:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
CELL PHONE NUMBER

\_\_\_\_\_  
WORK PHONE NUMBER

\_\_\_\_\_  
HOSPITAL PREFERENCE