PHILADELPHIA POLICE EXPLORER CADETS POST #991 8501 State Road, Philadelphia PA 19136

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OFFICE	PT/Written Test Date:	1 st Interview:	2 nd Interview:	Returning:	
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ONLY!					

2018/2019 Application Registration Form

The Philadelphia Police Department offers this program to extend career opportunities and training to young adults 14 - 20 years of age. This is a partnership between the Philadelphia Police Department and the Learning for Life program. Please **print** when completing this application and return by mail to the address above.

Name:	, First Name	Mi dala h		
Last Name First	First Name	Middle 1	vame	
Address:	City:			
State: Postal Code:	Police District of	Residence:	:	
Home Phone #: ()	Cell Phone # ()	<u>-</u>	
Male Female Birth D	Oate:/ Age:	Race:_		
Social Security Number:	Drivers License #	t:		
High School/ College:	G	irade:		
E-Mail Address:	F	acebook:	_ Twitter:	_
 3. Have you ever been part 4. Have you ever been accumus 5. Have you ever had a cas 6. Have you ever been mark 7. Did you fail/ are you failing 8. Have you ever applied to lif so when? (Year) I certify that the information point knowledge and is made in good faith. It disqualification or dismissal from the point in th	stioned by Law Enforcement Of of the Diversion Program or AF used or convicted of a crime? He expunged? He expunged? He expunged? He program in the past? To the program in the past? To trovided by me is true, complete and of a understand that if I make any misstal program. To is held EVERY Saturday 10:00 amoted, once accepted) and probation unders of age must have a parent present acceptance into the program. We we	eorrect to the betement I am s - 5:00 pm. The hiforms are appent at testing ar	YES or YE	/ 'S.
Applicant Signature:		Date:_		
Parent/Guardian (MUST BE COMPLETED	D REGARDLESS OF AGE)			
Mother:	В	irth Date:	-	_
Father:	В	irth Date:		-
Parent's Signature:(Signature required if applicant is le	ess than 18 years of age.)	Date:_		