## PHILADELPHIA POLICE EXPLORER CADETS POST #991 PHILADELPHIA POLICE ACADEMY

8501	<b>State</b>	Road,	<b>Philadel</b>	phia F	PA 19136

<b>OFFICE</b>	
USE	
ONLY!	

PT/Written Test Date: 1<sup>st</sup> Interview: 2<sup>nd</sup> Interview:

## 2017/2018 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. Complete this application registration by printing and return by mail to the Police Explorer Cadet Post

printing and return by mail to the	·				
Name:	First Name	Middle Name			
Address:	City: _				
State: Postal Code	e:Police District	of Residence	:		
Home Phone #: ()	Cell Phone # (_	)			
Male Female Birth	Date:/ Age:	Race:			
Social Security Number:	Drivers License	#:			
High School/ College:	Grade:		_		
E-Mail Address:		Facebook: _	_ Twitt	er: _	_
<ol> <li>Have you ever been que</li> <li>Have you ever been par</li> <li>Have you ever been acc</li> <li>Have you ever had a ca</li> <li>Have you ever been ma</li> <li>Did you fail/ are you fail</li> </ol> I certify that the information knowledge and is made in good faith disqualification or dismissal from the	provided by me is true, complete and I understand that if I make any miss program.  ng is held EVERY Saturday 10:00 and ected, if accepted) and probation unitige must have a parent present at test into the program. We will notify the accepted to the program.	ear? d correct to the batatement I am s n – 5:00 pm. The forms are approsting and intervie applicant to sche	ubject to e Insura ximately ews. Filli edule an	or or or or or or or or since a	0.00. ut this
Applicant Signature:	Date:_				
Parent/Guardian (MUST BE COMPLETE  Mother:	<del></del>	Birth Date:	_	_	
Father:					
Parent's Signature:(Signature required if applicant is	less than 18 years of age.)	Date:_			