

PT Assessment Date	
Written Test Date	
1 st Interview Date	
2 nd Interview Date	
OFFICE USE ONLY!!	

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

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.

Name:	e First Fi	rst Name	, Middle I	Nama	
Last Name First First Name			Middle I	Middle Name	
Address:					
City:	S	tate:Post	tal Code:		
Home Phone #:	(Cell Phone #	# ()		
Male Fema	ale Birth Date:		Age:_		
Social Security	Number:				
High School/ Co	ollege:		Grade:		
E-Mail Address	<u>:</u>		Facebook:	_ Twitter:	
 Have you ever been arrested (even as a juvenile) Have you ever been convicted of a crime? Have you ever had a case expunged? Have you ever been marked as Truant? Did you fail one or more classes this year? I certify that the information provided by me is true, complete and correct to the best of my knowledge and is made in good faith. I understand that if I make any misstatement I am subject to disqualification or dismissal from the program. Police Explorer Cadet training is held EVERY Saturday 10:00 am – 5:00 pm. The Insurance and registration fee is \$25.00 a year and probation uniforms are approximately \$300.00. Every applicant under 18 years of age must have a parent present at interviews. Filling out this form does not guarantee acceptance into the program. We will notify the applicant to schedule an appointment for an interview. 					
Applicant Signa	ature:		Date:_		
Parent/Guardian (P	rint Names)				
Mother:			Birth Date:		
Father:			Birth Date:		
Parent's Signat (Signature requi	ure: red if applicant is less than	18 years of age.)	Date:_		