



JOANNA IJOJ VITEK  
CHIEF OF POLICE

## WATERTOWN POLICE DEPARTMENT

119 South Maple Street  
Watertown, SD 57201-3653

PHONE: (605) 882-6210  
FAX: (605)882-6216

Dear Explorer Applicant,

Thank you for your interest in the Watertown Police Department Law Enforcement Explorer Program.

The Watertown Police Department Explorer Program is a dedicated group of young adults (14-20) who have an interest in pursuing a law enforcement career. These young adults become involved in many department activities and assist our officers in many different aspects of their job, including but not limited to, fingerprinting, ride-a-longs, and traffic control.

The minimum requirements to become a Police Explorer are:

Interest in pursuing a law enforcement career,

Must maintain a 2.5 GPA (C average),

No felony convictions,

No misdemeanor violence convictions (Assaults),

Regular school attendance with no unexcused absences within the last six months.

If you believe that you can meet the demands of becoming a Police Explorer, then I would like to invite you to begin the process. Attached to this letter you will find an application that you will need to complete and return to the Watertown Police Department. It is very important that you take your time and complete the application thoroughly and accurately. Incomplete applications will not be considered.

Once you complete the application, please mail or return it to:

Watertown Police Department  
Police Explorer Program  
119 South Maple Street  
Watertown, SD 57201

Once again, I commend you for considering a new adventure as a Watertown Police Explorer. Once application is accepted a representative will be in contact with you to schedule an interview with you and your parents/guardians

Sincerely,

Watertown Police Department Explorer Program

# WATERTOWN POLICE EXPLORER PROGRAM

Explorer Application



APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to live/work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been an explorer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional or personal references. (Please do not include relatives)</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

CURRENT AND PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PARENT/GUARDIAN INFORMATION	
Name	Relationship
Address	Phone ( )
Name:	Relationship
Address	Phone ( )
Any medical or physical condition of child that requires our attention	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to acceptance into program, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date
PARENT SIGNATURE (NOT REQUIRED IF OVER 18)	
I agree to allow my child to participate in the Watertown, South Dakota Police Explorer Program.	
Signature	Date
Signature	Date