

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
EXPLORER TRAINING ACADEMY (STARS)**

**Recruit Information**

(Print Legibly or Type)

Last		First		Middle	
Legal Name:					
Height:	Weight:	Hair Color:	Eye Color:	Age:	
Date of Birth:		Place of Birth (City, State, Country):			
Driver's License/ Identification Card Number:			State Issued:	Expiration:	
Aliases/Nicknames/Monikers:					
Number	Street	Apt #	City	State	Zip Code
Home Address:					
Home Phone: ( )			Other Phone: ( )		
Cell Phone/Pager: ( )			Email Address: ( )		
Name of Parent(s) or Guardian(s):		(if under 18)			
Emergency Contact Name:			Emergency Contact Relationship:		
Number	Street	Apt #	City	State	Zip Code
Address:					
Emergency Contact Home Phone:			Emergency Contact Other Phone:		
School Name:			What grade are you in?:	GPA:	
T-Shirt Size : S M L XL (circle one) Jacket Size: S M L XL (circle one)					
<b><i>If you are employed, complete the following section:</i></b>					
Employer:		Job Title:		Hours per week	
Number	Street	Apt #	City	State	Zip Code
Address:					
Work Phone:			Supervisor:		

I understand that any portion of this information sheet is subject to examination by the Los Angeles County Sheriff's Department. I acknowledge that all the information contained will be used solely for the Law Enforcement Explorer Program and for no other purposes. All of the information on this form is correct to the best of my knowledge.

Signature of Explorer Applicant:

Date:

Signature of Parent/Guardian (if under 18):

Date:

