



**St. Louis Police Department
Law Enforcement Explorer Program
Application**

Name (print)

Date

Attachments:

Application_____

Bi-Law Agreement_____

Permission to Drive/Ride_____

Health History/Medical Release_____

Consent to Participate in Explorer Program_____

Personal History:

Last Name: _____

First Name: _____

Nickname or Preferred name: _____

Date of Birth: _____ Age: _____ Sex: _____

Driver's License/ Permit # _____ State: _____

US Citizen? Yes or No

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____

Cell Phone _____

E-mail Address: _____

Parent or Guardian Information

Mother's Name: _____

Mother's Address (if different)

Mother's Home/Cell Phone _____

Mother's Work Phone _____

Father's Name: _____

Father's Address (if different)

Father's Home/Cell Phone _____

Father's Work Phone _____

School Information

Current School

Attending: _____

Grade or

Level: _____

Year of expected Graduation: _____ GPA: _____

If Graduated

High school last attended _____

High School Diploma Yes No

G.E.D. Yes No

Were you ever suspended from school? Yes No

Have you ever been arrested? Yes No

Have you ever committed or been involved in a criminal offense for which you were not arrested or charged? Yes No

If you answered yes to any of the above 3 questions, please explain in detail. Use a separate sheet of paper if needed.

General Information

How did you find out about Law Enforcement Exploring?

List any members of this program or the St. Louis Police Department that you know personally:

Employment History

Do you now, or have you ever been employed at any paid position? If yes, please fill out the section below.

Current Employer (or most recent)

Name of
Company _____

Position
Held _____

Date started: _____ Date Ended: _____

Past Employment

Name of
Company_____

Position
Held_____

Date started:_____ Date Ended:_____

Name of
Company_____

Position
Held_____

Date started:_____ Date Ended:_____