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____________________________________

<table>
<thead>
<tr>
<th>High School Diploma</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.E.D.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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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: _________________