

## LOS ANGELES COUNTY SHERIFF'S DEPARTMENT DEPUTY EXPLORER PROGRAM APPLICATION & SCREENING QUESTIONNAIRE

<u>Instructions</u>: Accurately & honestly complete the entire application, neatly. Include all area and zip codes, apartment and space numbers, if applicable. Any false statement and/or omission of any information on this application will be grounds for disqualification. A criminal background check will be conducted, including being Live-Scan fingerprinted. Submission of this application is not a guarantee of acceptance. Deputy Explorers are NOT compensated, and are NOT considered employees of the LASD. Deputy Explorers are youth volunteers and serve at the discretion of the LASD and its representatives.

## PERSONAL INFORMATION

Last Name:			First Name:			Middle Name:		Suffix:
Sex:	Race:	Height:	Weight:	Hair Color:	Eye Cold	or:	Date of Birth:	Age:
California ID (	Card #:			Student ID Ca	ird #:			
What social me	edia sites are yo	ou on? (ie: <i>Fa</i>	acebook)					
What is <u>your</u> e-	-mail address?							
Home Telephone #: ( ) Cell Phone #: ( )								
BACKGROU	JND SCREE	NING INFO	ORMATION					
Have you ever	been arrested?	[ ] Yes [	] No					
If yes, when, w	here and what	charge(s)? _						
Have you ever	been convicted	I (found or pl	ead guilty) of a cri	me?[]Yes[	] No			
If yes, when, w	here and what	charge?						
Are you curren	tly on probation	?[]Yes[	] No					
If yes, for what	charge?							
Have you ever	received a citat	tion?[]Yes	[ ] No					
If yes, when an	nd what charge?	·						
Have you ever	knowingly used	d illegal narco	otics or drugs? [	] Yes [ ] No				
If yes, what? When was the last time?								
Have you ever	knowingly inge	sted (used) p	rescription drugs	, not prescribed	to you? [	] Ye	s []No	
If yes, what? _	When was	When was the last time?						
Have you ever	knowingly cons	sumed alcoho	olic beverages? [	] Yes [ ] No				
If yes, what? _				When was	the last t	ime? _		
Do you have a	ny tattoos? [ ]	Yes [ ] No						
If yes, where is	it / are they loo	ated & what	are they of?					
Do you have a	ny gang affiliation	ons? [ ] Ye	s [ ]No					
If ves. who. wh	at is their relation	on to vou, an	d from what gang	?				

## **RESIDENCE INFORMATION**

Residence Address:	How Long Residing Here?								
VEHICLE INFORM	ATION								
Do you drive an automo	obile?[]Yes[]No	)							
Make:	Model:	Color:	License #:	Registered To:					
EDUCATIONAL IN	FORMATION	<u> </u>							
School Currently Atte	nding:		City:			Grade:			
School Last Attended:		City:			Grade:				
EMPLOYMENT INF	FORMATION								
Current Employer:	Address:		Telephone #:						
Job Title:		Supervisor's Full Name:							
Last Employer:		Address:		Telephone #:					
Job Title:		Supervisor's Full Name:							
Job Title.	Supervisor's Full Name:								
Have you ever been ter	minated from a job? [	  Yes [ ]N	No.						
If yes, when, from where	e, and why?:								
RELATED INFORM	IATION								
Have you ever been an	Explorer before? [ ]	Yes [ ] No	Where/When?	>					
Have you ever been tur	ned down to become	an Explorer b	efore? [ ] Yes	[ ] No Where/V	Vhen?				
If currently enrolled in se	chool, do you have a (	GPA of 2.0 or	higher? [ ] Yes	s [ ] No					
Can you commit to atter	nding an 18 week bas	ic explorer ac	ademy, held eve	ry Saturday from	6:30am – 5:00pm	ı?			
**Use and at	tach additional li	ned paper	, if needed to	explain any o	f your answe	rs**			
I attest that the information authorization to coninquiries. I understand t	duct a thorough backg	ground check	on me (my child)	, to include finger	print and social m	nedia			
Signature of Explorer A	Printed Fu	Printed Full Name			Date				
Signature of Parent/Gua	Printed Fu	ıll Name		 Date					

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