

EXPLORER APPLICATION

CHP 400F (Rev. 6-19) OPI 094

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NUMBER (SSN)*		DRIVER LICENSE NUMBER		
ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)				EMAIL		PHONE NO. (INCLUDE AREA CODE)		
DATE OF BIRTH	CITY AND STATE OF BIRTH			GENDER	HEIGHT	WEIGHT	HAIR	EYES
NAME OF SCHOOL					CITY			
GRADE	GPA	COUNSELOR'S NAME						
FATHER		ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)			WORK PHONE NO.	HOME PHONE NO.		
MOTHER		ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)			WORK PHONE NO.	HOME PHONE NO.		
SIBLING(S) NAME(S) AND AGE(S)								
PLACE OF EMPLOYMENT					SUPERVISOR'S NAME			
ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)				DUTIES			PHONE NO.	
HAVE YOU EVER BEEN PHYSICALLY DETAINED BY A LAW ENFORCEMENT AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, WHAT AGENCY?				
WHY?								
HAVE YOU EVER RECEIVED A TRAFFIC CITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, ISSUED BY WHAT LAW ENFORCEMENT AGENCY?				
FOR WHAT VIOLATION(S)?								
LIST ANY ORGANIZATION(S)/CLUB(S) THAT YOU ARE CURRENTLY A MEMBER OF					LIST ANY AWARDS OR RECOGNITION YOU HAVE RECEIVED			
ALL EXPLORER MEETINGS ARE IMPORTANT. WILL YOU BE ABLE TO ATTEND ALL MEETINGS? IF NO, EXPLAIN WHY. <input type="checkbox"/> YES <input type="checkbox"/> NO								
WHAT TYPE OF TRANSPORTATION DO YOU HAVE TO ATTEND POST FUNCTIONS?								
WHY DO YOU DESIRE MEMBERSHIP IN THIS EXPLORER POST?								
DO YOU PLAN TO ATTEND COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO					IF YES, WHAT MAJOR?			
WHAT IS YOUR CAREER GOAL?								
IS ANYONE IN YOUR FAMILY ASSOCIATED WITH LAW ENFORCEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO Name:						POSITION		
NAME OF AGENCY						PHONE NO. (INCLUDE AREA CODE)		

CERTIFICATION: I understand that any portion of this form is subject to examination by the California Highway Patrol. I further acknowledge that all of the information contained will be used solely for law enforcement purposes to determine my suitability as an explorer. All of the information contained in this application is true and correct to the best of my knowledge. I further understand that this application will become the property of the California Highway Patrol.

REMARKS/COMMENTS

APPLICANT'S SIGNATURE	DATE
PARENT OR GUARDIAN'S SIGNATURE	

* In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.