



EL DORADO COUNTY SHERIFF'S DEPARTMENT S.T.A.R. CIVILIAN VOLUNTEER APPLICATION

Name: _____ Phone: _____

A.K.A.: _____ SSN: _____

Address: _____

Date of Birth: _____ Citizen? Yes _____ No _____

Driver's License # _____ Expiration date: _____

Place of Employment: _____

Job Description: _____

Business phone: _____ May we call this number? _____

HAVE YOU EVER APPLIED FOR ANY POSITION IN LAW ENFORCEMENT PRIOR
TO THIS APPLICATION? YES ___ NO ___

IF YES, WHERE? _____

HAVE YOU EVER BEEN THE SUBJECT OF AN INVESTIGATION BY A LAW
ENFORCEMENT AGENCY OR ARRESTED? YES ___ NO ___

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAW OR
FORFEITED COLLATERAL? You may omit: (1) Minor traffic violations and (2) Any
offense committed before your 18th birthday. If yes, give details:

Any false statement, either verbal or written, may cause the applicant's name to be removed from the eligible list or be cause for immediate dismissal if the applicant has completed the Training Academy and accepted as a STAR.

I hereby authorize the El Dorado County Sheriff's Department to initiate a record check prior to my acceptance as a STAR Civilian Volunteer.

SIGNATURE: _____ DATE: _____

*Return Application to: El Dorado County Sheriff's Office, attn: STARs
1360 Johnson Blvd. Suite 100
So. Lake Tahoe, CA 96150*