



KORY L. HONEA  
SHERIFF - CORONER

## S.T.A.R.S APPLICATION

Name:		Driver's License:		DOB:	
Home Address:			City:		Zip:
Mailing Address:				Email:	
Home Phone:		Work Phone:		Cell Phone:	
Employer:			Occupation:		
Employer's Address:					
Phone:			Supervisor:		
1) Have you ever been convicted of a Misdemeanor crime?				Yes	No
If yes, please list date of conviction and charge:					
2) Have you ever been convicted of a felony crime?				Yes	No
If yes, please list date of conviction and charge:					
3) Why do you want to become a member of STARS?					

The following information is true and correct to the best of my knowledge. I authorize the Butte County Sheriff's Office to conduct a background check prior to my acceptance into the STARS program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please complete, print and sign, then mail to:**

Butte County Sheriff's Office  
Attn: STARS Coordinator  
33 County Center Drive  
Oroville, CA 95965