# **APPLICATION FORM**

For the position:

# LAW ENFORCEMENT CADET

at Pierce College



LAPC- Sheriff's Department
6201 Winnetka Avenue
Woodland Hills, CA 91371
(818) 719 - 6450
(We Are Located in Front of the Men's Gym)

| 1. Your Name (please print or type)   |  |   | - A - B    |   |   |  |  |
|---|--|---|------------|---|---|--|--|
| Last  | First                                  |   |            | Middle  |   |  |  |
| Other names (including nicknames) ye  | ou have used or be                     | en known by   | <b>9</b> 0 | <b>K</b> ]  | ***************************************                         |  |  |
| 2. Please list address at which you can   | be contacted.                          |   |            |   |   |  |  |
| Number St   | reet                                   | City  |            | State   | Zip Code  |  |  |
| 3. California Driver's License 5. Social Security Numb  |  | 4a. Please list the local telephone number at which you can be contacted  ( ) |            | 4b. Please list another tele<br>contacted too.  ( ) | phone number(s) at which you can be ted:                        |  |  |
| (In accordance with the Federal Proluntary. The SSN will be used for in ecords are obtained.) | ivacy Act of 1974<br>dentification pur | i, disclosure of your SSN is<br>poses to ensure that proper                   |            |   | a permanent resident alien who<br>u provide such documentation? |  |  |
| a Date of Birth<br>Ionth Day  | Year                                   | 7b. Height  | 7c. Weight | 7d. Hair Color                                      | 7e. Eye Color   |  |  |
| cars, tattoos, or other distinguishing m  | arks:                                  |   |            |   |   |  |  |
| 11  |  | 5 7 av  | *          |   |   |  |  |
|   |  |   |            |   |   |  |  |
|   |  |   |            |   |   |  |  |

maker. Inquiries will be confined to job-relevant marks.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write in "N/A."

| If living, name your: | Address where person can be contacted.  (Include City, State and Zip Code) | Telephone at which person can be contact<br>at: |  |  |  |
|-----------------------|--|---|--|--|--|
| Father                | ( ) Home ( ) Work ( )Other   | ( ) Home ( ) Work ( )Other                      |  |  |  |
| Mother                | ( ) Home ( ) Work ( )Other   | ( ) Home ( ) Work ( )Other                      |  |  |  |
| Father-In-Law         | ( ) Home ( ) Work ( )Other   | ( ) Home ( ) Work ( )Other                      |  |  |  |
| Mother-In-Law         | ( ) Home ( ) Work ( )Other   | ( ) Home ( ) Work ( )Other                      |  |  |  |
| Spouse                | ( ) Home ( ) Work ( )Other   | ( ) Home ( ) Work ( )Other                      |  |  |  |
|                       | ( ) Home ( ) Work ( )Other   | ( ) Home ( ) Werk ( )Other                      |  |  |  |

# Personal History Statement

# Relatives, References, Acquaintances - Cont.

| Name   | Address where person can be contacted. (Include City, State and Zip Code)   | Telephone at which person can be contac<br>at: |  |  |  |
|--|---|--|--|--|--|
|  | ( ) Home ( ) Work ( )Other  | ( ) Home ( ) Work ( )Other                     |  |  |  |
|  | ( ) Home ( ) Work ( )Other  | ( ) Home ( ) Work ( )Other                     |  |  |  |
|  | ( ) Home ( ) Work ( )Other  | ( ) Home ( ) Work ( )Other                     |  |  |  |
|  | ( ) Home ( ) Work ( )Other  | ( ) Home ( ) Work ( )Other                     |  |  |  |
|  | ( ) Home ( ) Work ( )Other  | ( ) Home ( ) Work ( )Other                     |  |  |  |
| Please list 3-5 individuals who are social a<br>exclude relatives and former employers.  | equaintance (i.e. persons whom you seen frequently during the past year) and h  | ave knowledge of you and your qualifications.  |  |  |  |
|  | ( ) Home ( ) Work ( )Other  | ( ) Home ( ) Work ( )Other                     |  |  |  |
|  | ( ) Home ( ) Work ( )Other  | ( ) Home ( ) Work ( )Other                     |  |  |  |
| <u> </u>   | ( ) Home ( ) Work ( )Other  | ( ) Home ( ) Work ( )Other                     |  |  |  |
|  | ( ) Home ( ) Work ( )Other  | ( ) Home ( ) Work ( )Other                     |  |  |  |
|  | ( ) Home ( ) Work ( )Other  | ( ) Home ( ) Work ( )Other                     |  |  |  |
| ducation   |   | <del>-</del>                                   |  |  |  |
| The Commission on Peace Officer Standar<br>Please indicate your current situation with   | ds and Training requires a peace officer to posses a high school diploma or its e<br>regart to this requirement by checking one of the appropriate boxes. | equivalent.                                    |  |  |  |
| I possess a high school diploma I passed the G.E.D (general educat I passed the California High School I possess other equivalent, Explain I do not currently have a high school | Proficiency Examination.  | s follows:                                     |  |  |  |
| When:  |   |  |  |  |  |
|  |   |  |  |  |  |

## Education-Cont.

| Name of School   |  | Location of School<br>( City & State)          |                                      | Dates Attended<br>n To  | School References<br>(teacher, counselor, etc.)   |  |
|--|--|--|--------------------------------------|-------------------------|---|--|
|  | (33,43   |  |                                      |                         |   |  |
|  |  |  |                                      |                         |   |  |
|  |  |  | _                                    |                         |   |  |
|  |  |  |                                      |                         |   |  |
|  |  |  |                                      |                         |   |  |
|  |  |  |                                      |                         |   |  |
| 14. Have you ever been suspended or<br>business and vocational schools—any   | expelled from any high school of<br>formal education beyond the high | or post-secondary school<br>gh school level. ) | ? (Post-secondar                     | y schools include colle | eges and universities, graduate schools,  |  |
|  | □ Yes  | □ No   |                                      |                         |   |  |
| If "yes," please explain (Include school   | I de la                          |  |                                      |                         |   |  |
| ii yes, piease expiaii (meiude sciio)  | i, date, and circumstances):   |  |                                      |                         |   |  |
| ir yes, piease explain (measure selloc   | i, date, and circumstances):   |  |                                      |                         |   |  |
|  | i, date, and circumstances):   |  |                                      |                         |   |  |
| Residence<br>ndividuals who have become acc  | quainted with you by rease   | on of your residing i                          | n different lo                       | cations, are often      | helpful on providing useful informati   |  |
| Residence  | quainted with you by reasoning the last 10 years (list no in         |  |                                      | ecations, are often     | helpful on providing useful informati   |  |
| Residence Individuals who have become according the background investigation.  15. Please list all of your residences the Begin with your most current residences. | quainted with you by reasoning the last 10 years (list no in         | aformation prior to your                       |                                      | To:<br>Month/ Year      | helpful on providing useful information of the person responsible for the collection of rent. |  |
| Residence Individuals who have become according the background investigation.  15. Please list all of your residences the Begin with your most current residences. | quainted with you by reasoning the last 10 years (list no in         | aformation prior to your                       | 15 <sup>th</sup> birthday).<br>From: | To:                     | If rented, give name and address of the person responsible for the collection of              |  |
| Residence Individuals who have become according to the background investigation.  15. Please list all of your residences do  | quainted with you by reasoning the last 10 years (list no in         | aformation prior to your                       | 15 <sup>th</sup> birthday).<br>From: | To:                     | If rented, give name and address of the person responsible for the collection of              |  |
| Residence Individuals who have become according the background investigation.  15. Please list all of your residences the Begin with your most current residences. | quainted with you by reasoning the last 10 years (list no in         | aformation prior to your                       | 15 <sup>th</sup> birthday).<br>From: | To:                     | If rented, give name and address of the person responsible for the collection of              |  |
| Residence Individuals who have become according the background investigation.  15. Please list all of your residences the Begin with your most current residences. | quainted with you by reasoning the last 10 years (list no in         | aformation prior to your                       | 15 <sup>th</sup> birthday).<br>From: | To:                     | If rented, give name and address of the person responsible for the collection of              |  |
| Residence Individuals who have become according the background investigation.  15. Please list all of your residences the Begin with your most current residences. | quainted with you by reasoning the last 10 years (list no in         | aformation prior to your                       | 15 <sup>th</sup> birthday).<br>From: | To:                     | If rented, give name and address of the person responsible for the collection of              |  |

### Experience and Employment

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e. full-time, part-time, or voluntary. If you have had intervening period of military service or

| Dates of Employment  | Name, Address & Telephone Number of Employer:  |            | Name (         | s) of Co- Worker (s  |
|--|--|------------|----------------|----------------------|
| From To Mo. Yr. Mon. Yr.    Full - time   Part - time   Voluntary  | Name (s) of Supervisor (s):                    |            |                |                      |
| Title or Duties (for identifi                                      | eation numoses)                                |            |                |                      |
| Reason for Leaving:  | values perpension .                            |            |                |                      |
| □ Military   | □ Not Employed                                 |            | From :<br>Year | To:<br>Month Year    |
| Dates of Employment  | Name, Address & Telephone Number of Employer : |            | Name (         | s) of Co- Worker (s) |
| From To Mo. Yr. Mon. Yr.   | ()   |            |                |                      |
| Title or Duties (for identific                                     | cation purposes) :                             |            |                |                      |
| Reason for Leaving:  |  |            |                |                      |
| O Military   | □ Not Employed                                 |            | rom :<br>Year  | To:<br>Month Year    |
| Dates of Employment  | Name, Address & Telephone Number of Employer:  |            | Name (s        | ) of Co- Worker (s)  |
| From To Mo. Yr. Mon. Yr.  / / /  Full - time Part - time Voluntary | ()   |            |                |                      |
| itle or Duties (for identific                                      | ation purposes):                               |            |                |                      |
| teason for Leaving:  |  |            |                |                      |
| Military   | □ Not Employed                                 | F<br>Month | rom:<br>Year   | To:<br>Month Year    |
| Dates of Employment  | Name, Address & Telephone Number of Employer:  |            | Name (s)       | of Co- Worker (s)    |
| From To Mo. Yr. Mon. Yr.  / / / / / / / / / / / / / / / / / / /    | () Name (s) of Supervisor (s):                 |            |                |                      |
| itle or Duties (for identifica                                     | ntion purposes):                               |            |                |                      |
| eason for Leaving:   |  |            |                |                      |
| Military   | □ Not Employed                                 | F<br>Month | rom :<br>Year  | To:<br>Month Year    |

### Legal

| Approx. Date   | Police Agency  |  |   | Circumstances   |   |  |  |  |
|--|--|--|---|---|---|--|--|--|
|  |  |  |   |   | -51                                     |  |  |  |
| Have you ever been place   | ed on court probation as an adult?   | ٥  | Yes   | D   | No                                      |  |  |  |
| If "yes," please give deta   | ils ( include when, where, and why).:  |  |   |   |   |  |  |  |
|  | 200000 100 00 0000   |  |   |   | ř.                                      |  |  |  |
|  | o appear before a juvenile court for an a  | ct which would have be   | en a crime if com                                     | nitted by an adult?   | 0                                       | Yes  |  | No                                     |
| If "yes," please give deta   | ils ( include when, where, and why ) :   |  |   |   |   |  |  |  |
|  |  |  |   |   |   |  |  |  |
|  |  | The state of the s |   |   |   |  |  |  |
|  |  |  |   |   |   |  |  |  |
| 10 mm  |  |  |   |   |   | ILIPA PLATE                                      |  |  |
|  |  |  |   |   |   |  |  |  |
|  |  |  |   |   |   |  |  |  |
| uthorization To  | Release Information  |  |   |   |   |  |  |  |
|  | The second secon |  |   |   |   |  |  |  |
| any and all inform<br>status. Please inc<br>confidential or pr<br>Department in de | nest and authorize you to fur<br>mation that you may have c<br>lude any and all medical, p<br>ivileged nature, and photo-s<br>termining my qualifications<br>ou, your organization or oth<br>ested above.  | oncerning me, no<br>ohysical and men<br>stats of the same<br>and fitness for th  | ny work recontal records if requested. ne position of | ord, my reputa<br>or reports inc<br>This informat<br>Law Enforcen | tion, n<br>luding<br>ion is t<br>nent C | ny legal a<br>all info<br>o be used<br>adet with | and fina<br>rmation<br>I to assi<br>the Di | ancial<br>n of a<br>ist the<br>strict. |
| Applicant's Signa  | ture:  |  |   | 7   | Date:                                   |  |  |  |

NOTE: This application will be kept on file.

\*\*\*\*\*\*Please Remember To Turn in a Copy of Your: CA Driver's License, Pierce ID, Class Schedule\*\*\*\*\* Thank You