



COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

PERSONAL AND WORK HISTORY DOCUMENT

READ THE FOLLOWING IMPORTANT INSTRUCTIONS FOR COMPLETING THE PERSONAL AND WORK HISTORY DOCUMENT CAREFULLY.

THIS IS A **PERMANENT RECORD**. ALL INFORMATION MUST BE **TYPED OR NEATLY PRINTED BY THE APPLICANT, USING BLUE OR BLACK INK ONLY. ILLEGIBLE OR INCOMPLETE FORMS WILL NOT BE ACCEPTED.** THESE **INSTRUCTIONS MUST BE FOLLOWED EXPLICITLY.** YOU MUST BRING YOUR COMPLETED PERSONAL AND WORK HISTORY DOCUMENT WHEN YOU REPORT TO YOUR APPOINTMENT WITH THE PRE-EMPLOYMENT/BACKGROUND INVESTIGATION UNIT. WE RECOMMEND YOU MAKE A COPY OF THIS FORM TO BE USED AS A ROUGH DRAFT. ONLY **ORIGINAL** PERSONAL AND WORK HISTORY DOCUMENTS WILL BE ACCEPTED AT THE TIME OF YOUR APPOINTMENT. **KEEP A COPY** OF THE COMPLETED DOCUMENT FOR YOUR RECORDS. **IF YOU DOWNLOAD THIS FORM FROM THE INTERNET AT LASD.ORG, IT MUST BE PRINTED ON PLAIN WHITE 8 ½" X 11" PAPER.**

- ★ If you are applying for a **Deputy Sheriff or High Level Professional Staff (Civilian) Position**, (See Appendix "A" for Professional Staff positions), you must complete all sections. All other applicants shall complete only the sections of the form which are titled, *All Applicants*.
- ★ It is **Mandatory** that all information be supplied in the exact manner requested. If a Question **Does Not Apply**, write **D.N.A.** in the space provided for the answer.
- ★ List complete and accurate **Zip Codes** and **Area Codes** on all addresses and telephone numbers.
- ★ Print **full names of all references**: last names, first names and middle names. If the reference has no middle name or initial, then print **N.M.I.** in the space provided.
- ★ You must have **Complete Addresses and Telephone Numbers** of present and past employers for up to 15 years.
- ★ Complete the **Education Information** section by listing your last high school attended or graduated from and all colleges attended, units completed and type of degree, if any.
- ★ You must account for each month and year of employment and unemployment. All addresses must be accurate and complete. List periods of military duty, if any, including the name of your station or assignment and your residence, if you resided off the base. If you resided at an address other than your permanent home address while attending school, then list it also.
- ★ If there is not sufficient space on this form to include all the information required, use a separate sheet of white paper (8 ½" x 11") and place in the proper sequence.
- ★ **Deputy Sheriff/High Level Professional Staff (Civilian) Positions**, list **all residences since age 15**, starting with your present residence. All other applicants shall list **all residences for the last five years**, starting with your present residence.
- ★ **Deputy Sheriff/High Level Professional Staff (Civilian) Positions**, list all relatives in the requested order. Information on deceased relatives should be listed as follows: relationship, name, "deceased" and birthplace.
- ★ **Any false statements or omissions made on this form may cause your name to be removed from the eligible list or be cause for your immediate dismissal, if an appointment is made.**
- ★ **You are required, within *five days* of any change in your personal or work status, to notify the Sheriff's Department Pre-Employment/Background Investigation Unit at (323)-981-5860.**

REQUIRED DOCUMENTS:

You are responsible for providing the **Original** (all original documents will be returned, except transcripts and credit reports) and **Photocopies** of the following documents:

1. Valid Photo Identification issued by a State Agency or the U.S. Government (California Driver's License or California Identification Card, Out of State Driver's License or Identification, U.S. Passport) **(Some classifications require a California Driver's License, see the exam bulletin) Note: The name on your identification must match the legal name you provide in the personal information section.**
2. Social Security Card **(The name on the card must match the legal name on the personal and work history document)**
3. Birth Certificate **(Certified Copy)**
4. Citizenship Papers
5. College Transcripts **(Unopened)**
6. High School Transcripts **(Unopened)**
7. General Education Development Certificate (GED)/California Proficiency Test Certificate **(Unopened)**
8. Name Change Records
9. Civil Suit Records **(Only if currently being sued)**
10. Tax Returns for last three years **(Only if self-employed)**
11. All foreign documents must be translated into "English" and "Notarized."
12. Professional license **(If required by the exam bulletin)**
13. A current facial photograph (passport type), 2" x 2" **(No larger than 3" x 3")**
14. Applicant Information Waiver, pg. 20 **(The waiver must be notarized before submitting)**
15. Credit Report **(Unopened)**
16. Marriage Certificate **(Certified Copy)**
17. Complete Bankruptcy Records
18. Proof of current automobile insurance policy **(If you drive or own a vehicle)**
19. Permit to Carry Concealed Weapon
20. Military DD-214
21. Divorce Papers
22. Selective Service Card
23. Bilingual Information Form
24. Autobiography: **(Deputy Sheriff/Custody Assistant/Security Officers Only)** From birth to present day, include traumatic experiences, three high and three low points. Your autobiography must be **hand printed** on one side of white lined paper using **black or blue ink**, five-pages minimum **(A computer printout is not acceptable)**. On a separate piece of white lined paper, please write a paragraph each on; what you feel are your three character strengths and your three character weaknesses.

ONLY Obtain your credit report from one of the following major credit reporting agencies:

(Open Credit Reports Will Not Be Accepted)

TRANS UNION

1561 E. Orangethorpe Avenue
Fullerton, CA 92831
(714) 738-3800

www.tuc.com

EQUIFAX

2601 Saturn Street
Brea, CA 92821
(714) 792-1307

www.equifax.com

EXPERIAN

505 City Parkway West
Orange, CA 92868
(714) 385-7000

www.experian.com

NOTE: Credit Reports from Escrow Companies, Car Dealerships, Banks, etc., are NOT ACCEPTABLE.

NOTE: All required documents must be presented at your appointment time, failure to do so, Will Delay your background investigation.

PERSONAL AND WORK HISTORY

SECTION I PERSONAL INFORMATION (ALL APPLICANTS)

DATE OF APPLICATION:				POSITION APPLIED FOR:			
LEGAL NAME: LAST		FIRST			MIDDLE		
<i>MUST MATCH NAME ON SOCIAL SECURITY CARD</i>							
SEX	AGE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY NUMBER	
ALIASES, NICKNAMES, MAIDEN NAME:				U. S. CITIZEN			
				NATURALIZED		DATE: _____ STATE: _____	
				LEGAL ALIEN			
DATE OF BIRTH		PLACE OF BIRTH (CITY, COUNTY, STATE, COUNTRY)			MOTHER'S MAIDEN NAME		
DRIVER'S LICENSE NUMBER			STATE ISSUED		EXPIRATION DATE		
TATTOOS OR DISTINGUISHING SCARS OR MARKS							
IN CASE OF EMERGENCY, NOTIFY: LAST		FIRST			MIDDLE		
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	(AREA CODE) TELEPHONE		

SECTION II CURRENT RESIDENCE (ALL APPLICANTS)

NUMBER	STREET	CITY	APT.#	STATE	ZIP CODE	OWN RENT VISITING	
(AREA CODE) RESIDENCE PHONE		(AREA CODE) BUSINESS PHONE			(AREA CODE) OTHER PHONE/CELL/PAGER		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					E-MAIL ADDRESS		
IF RENTING/VISITING, GIVE NAME, ADDRESS AND TELEPHONE NUMBER TO WHOM YOU PAY RENT OR ARE VISITING:							

SECTION III PRIOR EXAMINATION / POSITION (ALL APPLICANTS)

1. HAVE YOU EVER FILED/APPLIED FOR AN EXAMINATION/POSITION WITH THIS DEPARTMENT?	YES	NO
IF YES, WHEN DID YOU FILE AND FOR WHAT POSITION?		

SECTION IV FAMILY HISTORY (ALL APPLICANTS)

1. LIST RELATIVES IN THE FOLLOWING ORDER: MOTHER (MAIDEN NAME), STEPMOTHER, FOSTER-MOTHER, FATHER, STEPFATHER, FOSTER FATHER, LEGAL GUARDIAN, BROTHERS, SISTERS, MOTHER-IN-LAW, FATHER-IN-LAW, BROTHERS-IN-LAW, SISTERS-IN-LAW, EX-MOTHER-IN-LAW, EX-FATHER-IN-LAW.

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME		
ADDRESS:	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION			
WORK ADDRESS:	NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	(AREA CODE) WORK TELEPHONE

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME		
ADDRESS:	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION			
WORK ADDRESS:	NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	(AREA CODE) WORK TELEPHONE

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME		
ADDRESS:	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION			
WORK ADDRESS:	NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	(AREA CODE) WORK TELEPHONE

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME		
ADDRESS:	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION			
WORK ADDRESS:	NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	(AREA CODE) WORK TELEPHONE

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME		
ADDRESS:	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION			
WORK ADDRESS:	NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	(AREA CODE) WORK TELEPHONE

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME		
ADDRESS:	NUMBER	STREET	APT#	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE
BIRTHPLACE (CITY & STATE AND/OR FOREIGN COUNTRY)				OCCUPATION			
WORK ADDRESS:	NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	(AREA CODE) WORK TELEPHONE

SECTION V MARITAL INFORMATION (ALL APPLICANTS)

MARITAL STATUS	SINGLE	SEPARATED	WIDOWED
	MARRIED	DIVORCED	ANNULLED
SPOUSES' NAME	LAST	FIRST	MIDDLE
			AGE
DATE OF BIRTH			
(AREA CODE) DAYTIME TELEPHONE NUMBER		(AREA CODE) WORK/OTHER PHONE	

1. LIST ALL OF YOUR CHILDREN (INCLUDE STEPCHILDREN, ADOPTED CHILDREN, FOSTER CHILDREN, ETC.)

NAME: LAST, FIRST, MIDDLE	SEX	DATE OF BIRTH	RELATIONSHIP	PRESENTLY LIVING WITH YOU?	
				YES	NO
	MALE FEMALE		NATURAL FOSTER	STEP ADOPTED	
	MALE FEMALE		NATURAL FOSTER	STEP ADOPTED	
	MALE FEMALE		NATURAL FOSTER	STEP ADOPTED	
	MALE FEMALE		NATURAL FOSTER	STEP ADOPTED	
	MALE FEMALE		NATURAL FOSTER	STEP ADOPTED	

2. IF DIVORCED, WIDOWED OR ANNULLED, LIST PRIOR MARRIAGES IN ORDER OF OCCURRENCE:

FORMER SPOUSES' NAME	LAST	FIRST	MIDDLE	DATE FILED/DIVORCE FINAL
FORMER SPOUSES' ADDRESS	NUMBER	STREET	CITY	STATE ZIP CODE (AREA CODE) DAYTIME TELEPHONE
FORMER SPOUSES' NAME	LAST	FIRST	MIDDLE	DATE FILED/DIVORCE FINAL
FORMER SPOUSES' ADDRESS	NUMBER	STREET	CITY	STATE ZIP CODE (AREA CODE) DAYTIME TELEPHONE

AMOUNT OF CHILD SUPPORT OR ALIMONY ORDERED BY THE COURT \$	HAVE YOU EVER BEEN DELINQUENT ON THESE PAYMENTS? IF YES, EXPLAIN BELOW	YES	NO

3. IF UNMARRIED, COMPLETE THE FOLLOWING:

NAME OF GIRLFRIEND/BOYFRIEND/FIANCÉE/DOMESTIC PARTNER	LAST	FIRST	MIDDLE	DATE OF BIRTH
ADDRESS:	NUMBER	STREET	CITY	STATE ZIP CODE
(AREA CODE) HOME TELEPHONE		(AREA CODE) HOME TELEPHONE		

SECTION VI RESIDENCE INFORMATION (ALL APPLICANTS)

1. DEPUTY SHERIFF/HIGH LEVEL POSITIONS, LIST ALL RESIDENCES SINCE AGE 15, STARTING WITH YOUR PRESENT RESIDENCE. ALL OTHER APPLICANTS, LIST ALL RESIDENCES FOR LAST FIVE (5) YEARS, STARTING WITH YOUR PRESENT RESIDENCE.

FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP CODE
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS ►		IF YOU WERE RENTING, PROVIDE YOUR LANDLORD'S NAME, ADDRESS AND (AREA CODE) TELEPHONE NUMBER
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP CODE
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS ►		IF YOU WERE RENTING, PROVIDE YOUR LANDLORD'S NAME, ADDRESS AND (AREA CODE) TELEPHONE NUMBER
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP CODE
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS ►		IF YOU WERE RENTING, PROVIDE YOUR LANDLORD'S NAME, ADDRESS AND (AREA CODE) TELEPHONE NUMBER
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP CODE
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS ►		IF YOU WERE RENTING, PROVIDE YOUR LANDLORD'S NAME, ADDRESS AND (AREA CODE) TELEPHONE NUMBER
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP CODE
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS ►		IF YOU WERE RENTING, PROVIDE YOUR LANDLORD'S NAME, ADDRESS AND (AREA CODE) TELEPHONE NUMBER
FROM MONTH/YEAR	TO MONTH/YEAR	ADDRESS: NUMBER STREET CITY STATE ZIP CODE
		WITH WHOM DID YOU LIVE? (NAME AND RELATIONSHIP)
TOTAL TIME YEARS/MONTHS ►		IF YOU WERE RENTING, PROVIDE YOUR LANDLORD'S NAME, ADDRESS AND (AREA CODE) TELEPHONE NUMBER

2. BELOW, LIST ALL THOSE INDIVIDUALS WITH WHOM YOU HAVE RESIDED DURING THE LAST 5 (YEARS), EXCLUDE FAMILY MEMBERS. (ALL APPLICANTS)

NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME TELEPHONE	(AREA CODE) BUSINESS TELEPHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION
					YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME TELEPHONE	(AREA CODE) BUSINESS TELEPHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION
					YEARS KNOWN
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME TELEPHONE	(AREA CODE) BUSINESS TELEPHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION
					YEARS KNOWN

SECTION VII EMPLOYMENT INFORMATION (ALL APPLICANTS, SEE INSTRUCTIONS BELOW)

1. DEPUTY SHERIFF/HIGH LEVEL PROFESSIONAL STAFF, BEGIN WITH YOUR MOST CURRENT EMPLOYMENT, PLEASE LIST ALL JOBS (INCLUDING PART-TIME, TEMPORARY, MILITARY AND VOLUNTARY POSITIONS) YOU HAVE HELD IN THE PAST FIFTEEN (15) YEARS. ALL OTHER APPLICANTS, PLEASE LIST ALL JOBS HELD FOR PAST TEN (10) YEARS, BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT.

FROM MONTH/YEAR▼	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	SUITE # CITY	STATE ZIP CODE
TO MONTH/YEAR▼	JOB TITLE:	DUTIES:	REASON FOR LEAVING:	
	FULL TIME/PART TIME HRS PER WEEK			
TOTAL TIME: YEARS/MONTHS▼	SUPERVISOR'S NAME: LAST: FIRST:		(AREA CODE) TELEPHONE	SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	SUITE # CITY	STATE ZIP CODE
SALARY▼	CO-WORKER'S NAME: LAST: FIRST:		(AREA CODE) TELEPHONE	CO-WORKER'S WORK HOURS
\$	ADDRESS: NUMBER	STREET	SUITE # CITY	STATE ZIP CODE

<p>IF CONTACT WERE MADE AT THIS TIME WITH YOUR PRESENT EMPLOYER, WOULD IT JEOPARDIZE YOUR POSITION?</p> <p style="text-align: center;">YES NO</p> <p>If yes, please provide comments in the box</p>	COMMENTS:

Location of your personnel file, if not at your work location: Provide Address & Telephone in the box to right

FROM MONTH/YEAR▼	EMPLOYER/COMPANY NAME		(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	SUITE # CITY	STATE ZIP CODE
TO MONTH/YEAR▼	JOB TITLE:	DUTIES:	REASON FOR LEAVING:	
	FULL TIME/PART TIME HRS PER WEEK			
TOTAL TIME: YEARS/MONTHS▼	SUPERVISOR'S NAME: LAST: FIRST:		(AREA CODE) TELEPHONE	SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	SUITE # CITY	STATE ZIP CODE
SALARY▼	CO-WORKER'S NAME: LAST: FIRST:		(AREA CODE) TELEPHONE	CO-WORKER'S WORK HOURS
\$	ADDRESS: NUMBER	STREET	SUITE # CITY	STATE ZIP CODE

SECTION VII EMPLOYMENT INFORMATION (ALL APPLICANTS)

FROM MONTH/YEAR▼	EMPLOYER/COMPANY NAME						(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE		
TO MONTH/YEAR▼	JOB TITLE:	DUTIES:			REASON FOR LEAVING:			
	FULL TIME/PART TIME HRS PER WEEK							
TOTAL TIME: YEARS/MONTHS▼	SUPERVISOR'S NAME: LAST:		FIRST:		(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS	
	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE		
SALARY▼	CO-WORKER'S NAME: LAST:		FIRST:		(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS	
\$	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE		
FROM MONTH/YEAR▼	EMPLOYER/COMPANY NAME						(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE		
TO MONTH/YEAR▼	JOB TITLE:	DUTIES:			REASON FOR LEAVING:			
	FULL TIME/PART TIME HRS PER WEEK							
TOTAL TIME: YEARS/MONTHS▼	SUPERVISOR'S NAME: LAST:		FIRST:		(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS	
	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE		
SALARY▼	CO-WORKER'S NAME: LAST:		FIRST:		(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS	
\$	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE		
FROM MONTH/YEAR▼	EMPLOYER/COMPANY NAME						(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE		
TO MONTH/YEAR▼	JOB TITLE:	DUTIES:			REASON FOR LEAVING:			
	FULL TIME/PART TIME HRS PER WEEK							
TOTAL TIME: YEARS/MONTHS▼	SUPERVISOR'S NAME: LAST:		FIRST:		(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS	
	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE		
SALARY▼	CO-WORKER'S NAME: LAST:		FIRST:		(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS	
\$	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE		

SECTION VII EMPLOYMENT INFORMATION (ALL APPLICANTS)

FROM MONTH/YEAR ▼	EMPLOYER/COMPANY NAME					(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	
TO MONTH/YEAR ▼	JOB TITLE:	DUTIES:			REASON FOR LEAVING:		
	FULL TIME/PART TIME HRS PER WEEK						
TOTAL TIME: YEARS/MONTHS ▼	SUPERVISOR'S NAME: LAST:		FIRST:		(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	
SALARY ▼	CO-WORKER'S NAME: LAST:		FIRST:		(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS
\$	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	

FROM MONTH/YEAR ▼	EMPLOYER/COMPANY NAME					(AREA CODE) TELEPHONE	
	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	
TO MONTH/YEAR ▼	JOB TITLE:	DUTIES:			REASON FOR LEAVING:		
	FULL TIME/PART TIME HRS PER WEEK						
TOTAL TIME: YEARS/MONTHS ▼	SUPERVISOR'S NAME: LAST:		FIRST:		(AREA CODE) TELEPHONE		SUPERVISOR'S WORK HOURS
	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	
SALARY ▼	CO-WORKER'S NAME: LAST:		FIRST:		(AREA CODE) TELEPHONE		CO-WORKER'S WORK HOURS
\$	ADDRESS: NUMBER	STREET	SUITE #	CITY	STATE	ZIP CODE	

2. HAVE YOU EVER BEEN FIRED, DISCHARGED OR ASKED TO RESIGN FROM ANY EMPLOYMENT OR GIVEN A REPRIMAND, VERBAL WARNING OR SUSPENSION OR DAYS OFF FOR A WORK VIOLATION? IF YES, PLEASE EXPLAIN BELOW.

3. DO YOU HAVE PRIOR POLICE EXPERIENCE OR TRAINING? YES NO

DEPARTMENT OR AGENCY NAME	DATES:	FROM:	TO:
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4. HAVE YOU EVER FILED FOR AN EXAMINATION OR POSITION WITH ANY OTHER SHERIFF/POLICE AGENCY? YES NO

DATE FILED	DEPARTMENT OR AGENCY NAME	RESULTS OF EXAMINATION/APPLICATION (FOR EXAMPLE, PASS/FAIL, DISQUALIFIED, WITHDREW)
ADDRESS NUMBER	STREET	CITY
	STATE	ZIP CODE (AREA CODE) TELEPHONE

DATE FILED	DEPARTMENT OR AGENCY NAME	RESULTS OF EXAMINATION/APPLICATION (FOR EXAMPLE, PASS/FAIL, DISQUALIFIED, WITHDREW)
ADDRESS NUMBER	STREET	CITY
	STATE	ZIP CODE (AREA CODE) TELEPHONE

SECTION VIII EDUCATION INFORMATION (ALL APPLICANTS)

1. LIST HIGH SCHOOL GRADUATED FROM OR LAST ATTENDED.

NAME OF SCHOOL	CITY AND STATE	ATTENDANCE DATES		GRADUATE?	CALIFORNIA PROFICIENCY TEST OR GED? YES NO WHEN AND WHERE TAKEN?
		FROM	TO		

2. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED (START WITH MOST RECENT COLLEGE OR UNIVERSITY ATTENDED)

NAME OF SCHOOL	CITY AND STATE	ATTENDANCE DATES		GRADUATE?	MAJOR TAKEN/ DEGREE EARNED	UNITS EARNED
		FROM	TO			

3. HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANY SCHOOL OR DISCIPLINED BY ANY SCHOOL OFFICIAL? IF YES, EXPLAIN BELOW. YES NO

SECTION IX MILITARY INFORMATION (ALL APPLICANTS)			EVER ENLISTED IN THE MILITARY?		YES	NO
1. LIST ALL ENLISTMENTS IN THE ARMED FORCES			SELECTIVE SERVICE NUMBER:			
ENLISTMENT DATE	BRANCH OF SERVICE	UNIT(MEDICAL CORPS, ENGINEERS, ETC.)		RATE/RANK	SERIAL NUMBER	
DISCHARGE DATE	HIGHEST RANK ATTAINED	RATE/RANK AT DISCHARGE	TYPE OF DISCHARGE	VETERAN'S CLAIM "C" NUMBER		
ENLISTMENT DATE	BRANCH OF SERVICE	UNIT(MEDICAL CORPS, ENGINEERS, ETC.)		RATE/RANK	SERIAL NUMBER	
DISCHARGE DATE	HIGHEST RANK ATTAINED	RATE/RANK AT DISCHARGE	TYPE OF DISCHARGE	VETERAN'S CLAIM "C" NUMBER		
2. WHILE IN THE SERVICE, WERE YOU EVER THE SUBJECT OF ANY DISCIPLINARY ACTION SUCH AS: COURT MARTIAL, CAPTAIN'S MAST, OFFICE HOURS, COMPANY PUNISHMENT OR ARTICLE 15? YES NO IF YES, EXPLAIN BELOW.						
3. IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, EXPLAIN THE REASON BELOW.						
4. WHAT IS YOUR MILITARY RESERVE STATUS? ACTIVE INACTIVE NONE						
BRANCH OF SERVICE		UNIT		UNIT ADDRESS:		
DATE OF ENLISTMENT		END OF ENLISTMENT		RATE/RANK		COMMANDING OFFICER'S NAME
5. HAVE YOU EVER ASKED FOR OR RECEIVED DEFERMENT FROM MILITARY SERVICE? YES NO IF YES, GIVE BOARD NUMBER, DATES AND FULL DETAILS BELOW.						

SECTION X FINANCIAL INFORMATION (ALL APPLICANTS)

1. HAVE YOU OR YOUR SPOUSE? :

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EVER HAD YOUR WAGES ATTACHED?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EVER BEEN A DEFENDANT IN A SMALL CLAIMS OR OTHER CIVIL COURT ACTION?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EVER HAD A JUDGEMENT RENDERED AGAINST YOU?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EVER FILED BANKRUPTCY OR BEEN DECLARED BANKRUPT?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EVER BEEN REFUSED CREDIT?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EVER HAD A LIFE, AUTO, HEALTH OR ANY OTHER TYPE OF INSURANCE POLICY CANCELLED OR REFUSED ISSUANCE?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EVER BEEN DELINQUENT IN YOUR TAXES?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EVER HAD A BOND REFUSED?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	IF EMPLOYED BY THIS DEPARTMENT, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR COUNTY SALARY? IF YES, EXPLAIN ON SEPARATE SHEET.
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DO YOU HAVE ANY INCOME OTHER THAN YOUR PRESENT SALARY? IF YES, EXPLAIN ON A SEPARATE SHEET.

NOTE: IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS, EXPLAIN IN DETAIL ON A SUPPLEMENTAL INFORMATION SHEET, INCLUDE DATES, LOCATIONS AND OTHER PERTINENT INFORMATION.

2. LIST ALL BUSINESS FIRMS, BANKS OR PERSONS WITH WHOM YOU OR YOU AND YOUR SPOUSE NOW HAVE JOINT INDEBTEDNESS (MORTGAGES, CREDIT CARDS, AUTO LOANS, ETC.)

NAME OF CREDITOR	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT	AMOUNT NOW OWED
	(AREA CODE) TELEPHONE	REASON FOR DEBT	MONTHLY PAYMENT	LATE PAYMENTS? YES NO
CREDITORS ADDRESS	NUMBER	STREET	CITY	STATE ZIP CODE
NAME OF CREDITOR	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT	AMOUNT NOW OWED
	(AREA CODE) TELEPHONE	REASON FOR DEBT	MONTHLY PAYMENT	LATE PAYMENTS? YES NO
CREDITORS ADDRESS	NUMBER	STREET	CITY	STATE ZIP CODE
NAME OF CREDITOR	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT	AMOUNT NOW OWED
	(AREA CODE) TELEPHONE	REASON FOR DEBT	MONTHLY PAYMENT	LATE PAYMENTS? YES NO
CREDITORS ADDRESS	NUMBER	STREET	CITY	STATE ZIP CODE

3. ARE YOU CURRENTLY AN OWNER, PARTNER OR INVESTOR IN ANY BUSINESS ENTERPRISE THAT REQUIRES THE ATTAINMENT OF A FEDERAL, STATE OR LOCAL PERMIT OR LICENSE TO OPERATE? YES NO IF YES, EXPLAIN ON A SEPARATE SHEET.

SECTION XII ORGANIZATION INFORMATION (ALL APPLICANTS)

1. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR CHANGE IN OUR PROCESS OF THE LAW BY ANY MEANS OTHER THAN THE DEMOCRATIC PROCEDURES PROVIDED BY OUR PRESENT FORM OF GOVERNMENT OR WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES NO IF YES, EXPLAIN BELOW

2. ARE YOU NOW ASSOCIATING WITH OR HAVE YOU EVER ASSOCIATED WITH ANY INDIVIDUALS INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE ARE OR HAVE BEEN MEMBERS OF ANY ORGANIZATION DESCRIBED ABOVE? YES NO IF YES, EXPLAIN BELOW.

3. ARE YOU NOW OR, HAVE YOU EVER BEEN ASSOCIATED WITH ANY ORGANIZATIONS, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ENGAGE IN CIVIL DISOBEDIENCE AS A METHOD TO ACHIEVE SOCIAL CHANGE? YES NO IF YES, EXPLAIN BELOW.

4. HAVE YOU EVER PARTICIPATED IN AN UNLAWFUL DEMONSTRATION? YES NO IF YES, EXPLAIN BELOW.

SECTION XIII TRAFFIC INFORMATION (ALL APPLICANTS)

NAME OF AUTO INSURANCE CO.	NUMBER	STREET	CITY	STATE	ZIP CODE
AUTO INSURANCE AGENT'S NAME			(AREA CODE) TELEPHONE NUMBER	AUTO INSURANCE POLICY NUMBER	

1. LIST EVERY DRIVER'S LICENSE YOU HAVE EVER BEEN ISSUED.

STATE	NUMBER	APPROXIMATE DATE OF ISSUE	APPROXIMATE EXPIRATION DATE

2. LIST THE DESCRIPTION OF VEHICLES YOU OWN, LEASE OR DRIVE ON A REGULAR BASIS.

YEAR	MAKE	COLOR	BODY STYLE	LICENSE NUMBER

3. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, PLACED ON PROBATION, OR HAVE YOU EVER RECEIVED A WARNING NOTICE FROM THE STATE THAT ISSUED YOUR LICENSE? YES NO IF YES, LIST DATES AND EXPLAIN.

4. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT? YES NO IF YES, LIST DATES, LOCATION, AND POLICE AGENCY INVOLVED AND WHETHER OR NOT YOU RECEIVED A CITATION OR WERE FOUND AT FAULT.

5. LIST ALL PARKING CITATIONS YOU RECEIVED AS A JUVENILE OR AN ADULT.

DATE	POLICE AGENCY	DATE	POLICE AGENCY

6. LIST EVERY CITATION YOU RECEIVED FOR A MOVING OR EQUIPMENT VIOLATION IN THE LAST 3 YEARS.

DATE	CHARGE	DEPARTMENT OR AGENCY	PENALTY (FINE, PROBATION, SENTENCE, ETC.)

7. HAVE YOU EVER ALLOWED ANY PARKING AND/OR TRAFFIC CITATION TO GO TO WARRANT BECAUSE OF FAILURE TO APPEAR OR PAY FINE? YES NO IF YES, LIST DATES AND EXPLAIN.

SECTION XIV REFERENCES (DEPUTY SHERIFF/HIGH LEVEL PROFESSIONAL STAFF ONLY)

1. LIST FIVE REFERENCES, OTHER THAN RELATIVES, EMPLOYERS OR LAW ENFORCEMENT PERSONNEL, WHO KNOW YOU WELL ENOUGH TO GIVE INFORMATION ABOUT YOU, INCLUDE TWO REFERENCES APPROXIMATELY YOUR AGE.

NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION
NAME: LAST	FIRST	MIDDLE	AGE	(AREA CODE) HOME PHONE	(AREA CODE) BUSINESS PHONE
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	OCCUPATION

2. LIST MEMBERS OF LAW ENFORCEMENT AGENCIES YOU ARE ACQUAINTED WITH, TYPE OF RELATIONSHIP (RELATIVE, CLOSE FRIEND, NEIGHBOR, CASUAL ACQUAINTANCE, CO-WORKER) AND YEARS KNOWN.

NAME: LAST	FIRST	MIDDLE	DEPARTMENT	RANK	RELATIONSHIP
BUSINESS ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE
NAME: LAST	FIRST	MIDDLE	DEPARTMENT	RANK	RELATIONSHIP
BUSINESS ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE
NAME: LAST	FIRST	MIDDLE	DEPARTMENT	RANK	RELATIONSHIP
BUSINESS ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	(AREA CODE) HOME TELEPHONE

"I UNDERSTAND THAT ANY APPOINTMENT TENDERED TO ME WILL BE CONTINGENT UPON THE RESULTS OF A THOROUGH CHARACTER AND FITNESS INVESTIGATION. I FURTHER UNDERSTAND THAT DURING THE ENTIRE LENGTH OF THE BACKGROUND INVESTIGATION I AM REQUIRED, WITHIN 5 DAYS OF THE CHANGE, TO REPORT TO THE SHERIFF'S DEPARTMENT PRE-EMPLOYMENT/BACKGROUND INVESTIGATION UNIT, ANY CHANGES IN MY PERSONAL OR WORK STATUS COVERED IN SECTIONS I THROUGH XIV OF THIS APPLICATION. I AM AWARE THAT FAILURE TO REPORT ANY CHANGES IN MY PERSONAL OR WORK STATUS, OR ANY FALSE STATEMENTS OR OMISSIONS MADE ON THIS DOCUMENT WILL BE CAUSE FOR MY NAME TO BE REMOVED FROM THE ELIGIBILITY LIST, OR BE CAUSE FOR IMMEDIATE DISMISSAL IF AN APPOINTMENT IS MADE."

DATE: _____

SIGNATURE X _____

BILINGUAL INFORMATION FORM

Name: Last	First	Middle	Employee Number **	Social Security Number		
Address: Number		Street	City	State	Zip Code	Telephone Number
					()	

Are you able to communicate in a language other than English? Yes No
 If yes, indicate the language(s) and your level of proficiency (check all that apply):

- | | | | |
|----------|-------|------|-------|
| 1) _____ | Speak | Read | Write |
| 2) _____ | Speak | Read | Write |
| 3) _____ | Speak | Read | Write |
| 4) _____ | Speak | Read | Write |

Bilingual skills are important services which the Sheriff's Department provides. Compensation for bilingual skills may be available. Bilingual Certification does not guarantee an employee will receive the bilingual bonus. The bonus is awarded subject to a unit of assignments' need for translation in a specific language and the availability of bilingual allocation/funds within that unit.

Are you interested in obtaining bilingual proficiency certification? Yes No

According to current County standards, proficiency is demonstrated as follows:

- Speaking:** Candidates are required to engage in a brief conversation in a second language on a variety of common topics and to demonstrate proper use of vocabulary, grammar, syntax, tense and number. (Required proficiency for certification).
- Reading:** Candidates are required to read aloud written material in the second language and then translate it into English.
- Writing:** Candidates are required to provide a written translation of material provided in English into the second language and demonstrate fluency through proper use of syntax, grammar, spelling and punctuation.

I have read and understand the above information.

Candidate's Signature: _____ Date: _____

Personnel Orientation Representative/
 Background Investigator: _____
Print Name

Orientation Representative, please forward the completed form to the Personnel Bilingual Coordinator.
 Background Investigator, please forward the completed form to the Personnel Bilingual Coordinator upon the applicant's successful completion of the background process.

** If Applicable



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Dear Applicant:

Please have the enclosed waiver notarized at your own expense.
The waiver must be signed in the presence of a notary public.
Submit the notarized waiver with your application.

Thank you,

Pre-employment Investigations



County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169



LERROY D. BACA, SHERIFF

APPLICANT INFORMATION WAIVER

I have applied for employment with the Los Angeles County Sheriff's Department. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position with the Sheriff's Department. This inquiry is required pursuant to California Government Code Section 1029 and 1031 and authorized pursuant to California Labor Code Section 432.7 (e). For this specific purpose, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privilege nature to a duly authorized agent of the Los Angeles County Sheriff's Department.

The following are examples of the types of information being requested:

- | | | |
|---------------------------------|----------------------------------|----------------------------|
| Criminal Justice Arrest Records | Detentions, Field Citations | Field Interviews |
| Officer's Notebook notation's | Jail and Custody Information | Booking Information |
| Traffic Citations | Traffic Accident Reports/Records | District Attorney Records |
| Court Records/Reports | Probation/Parole Reports/Records | Laboratory Reports/Results |
| Other Criminal Justice Records | Other Reports or Records | Employment Records |
| Performance Evaluations | Disciplinary Reports | Credit History |
| Polygraph Results | Medical Information | Psychological Evaluations |
| School Transcripts | | |

I authorize the Los Angeles County Sheriff's Department to read, review, or photocopy any documents to allow them to assess my suitability as an employee of the Sheriff's Department.

I also understand that if my background investigation for this position should uncover information that I have, or I am suspected of having or have been engaged in illegal activities that this information will likely bar me from further consideration for this position and it will be handed over to the appropriate law enforcement agency that has jurisdiction over investigating the illegal activity.

I further authorize the Pre-Employment Unit to discuss all aspects of my background investigation and information related thereto with Los Angeles County Sheriff's Department members, as listed.

 Member

 Member

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this notarized waiver is to be considered as valid as an original waiver even though it does not contain an original signature.

"I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested, including any liability pursuant to California Labor Code 1054, or any similar laws of other states or political entities."

 Print Name

 Social Security Number

 Signature (Must be Notarized)

 Date

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of _____

On _____ before me, _____
(here insert name and title of the officer)

personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Seal)

ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____