BROAD	MOOR POLICE PRO 388 – 88 th Street, P.O Broadmoor, CA 940	. Box 306	STRICT	
·	(Print title of position for which	you are applying)		
	s part of the selection proces ional space to answer any que			
1. NAME (Please Print)		Telepho	ne Number	
2. Address	t) (1			
(Number & Stree	t) ((City)	(State)	(Zip Code)
3. Are you a United States Citizen?	Yes N	lo 🗌		
 Have you ever been convicted of a (NOTE: Drunk driving, reckless dr 			violations)	Yes No
5. If your answer to question 4 is "YE for each case the approximate date,				o this application, showing
6. Are you currently or have you ever	been a member of the U.S. A	Armed Forces?	Yes	No 🗌
If "YES," please give inclusive date	es: From(mon	h/day/year)	to	(month/day/year)
 Do you possess a valid California I 			No 🗍	(montinual)/youry
Driver's License Number:				
8. Social Security Number:				
9. EDUCATION				
Circle highest grade completed	Last date of atten	dance	Did	you graduate?
1 2 3 4 5 6 7 8 9 10 11 12				
Names of Colleges or Universities attended	Dates of Attendance	Total semester Units	Degree	Major Subjects
	То			
	То			
	То			
List any school course or additional training	, which you believe has a bea	ring on your fitne	ess for this position	on:

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10. EMPLOYMENT HISTORY

Dischargent and			
Dates of employment and	DUTIES:		
Salary	State your exact title, then describe your own duties as space permits		
From:			
To:			
Salary:			
Name and Address of			
Employing firm			
Reason for leaving			

Dates of employment and Salary	DUTIES: State your exact title, then describe your own duties as space permits		
From:			
То:			
Salary:			
Name and Address of Employing firm			
Reason for leaving			

Dates of employment and Salary From:	DUTIES: State your exact title, then describe your own duties as space permits		
To:			
Salary:			
Name and Address of Employing firm			
Reason for leaving			

11. Have you ever been discharged or forced to resign from any position?

Yes

No

No

If "YES," please explain on a separate sheet.

12. Would you object to having your present or past employers contacted in regards to your job performance?

Yes

If "YES," please explain on a separate sheet.

13. Have you ever made a claim against a Medical Compensation Insurance Carrier (Workers Compensation)

No

Yes

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If "YES," please explain on a separate sheet.

14. Give the names and addresses of five persons who are familiar with your qualifications. Do not give names of relatives.

FULL NAME	HOME ADDRESS Address, City, State	BUSINESS ADDRESS Address, City, State	BUSINESS OR OCCUPATION

15. List the names of any professional or technical associations, any other clubs, organizations, or societies (professional or other), in which you have been an active member in recent years. Show position of leadership, if any which you have held in those organizations with the approximate dates you held such positions. Exclude any in which the name or character indicates the race, religious creed, color, national origin or ancestry of its members.

Organization in which active member	Leadership position and dates		

- 16. Describe any other community, business, and/or social activities that you believe indicates your qualifications for the position for which you are applying, again with the same exclusions stated in item 15.
- 17. Additional information. (If additional room is needed, please attach additional pages to this application.)

18. CERTIFICATE OF APPLICATION. Read carefully before signing.

I HEREBY CERTIFY that all answers to the foregoing questions are true to the best of my knowledge.

(Signature of Applicant)

Date