



BROADMOOR POLICE PROTECTION DISTRICT

388 – 88th Street, P.O. Box 306
 Broadmoor, CA 94015-1717

 (Print title of position for which you are applying)

INSTRUCTIONS: This application is part of the selection process. Please fill it out carefully on a typewriter or in ink. If you need additional space to answer any questions, you may attach extra sheets.

1. NAME (Please Print) _____ Telephone Number _____

2. Address _____
 (Number & Street) (City) (State) (Zip Code)

3. Are you a United States Citizen? Yes No

4. Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 (NOTE: Drunk driving, reckless driving, hit and run driving are not minor traffic violations)

5. If your answer to question 4 is "YES," explain in detail on a separate sheet of paper and attach it to this application, showing for each case the approximate date, nature of offense, and the penalty, if any, imposed.

6. Are you currently or have you ever been a member of the U.S. Armed Forces? Yes No

If "YES," please give inclusive dates: From _____ to _____
 (month/day/year) (month/day/year)

7. Do you possess a valid California Driver's License? Yes No

Driver's License Number: _____

8. Social Security Number: _____

9. EDUCATION

| Circle highest grade completed | Last date of attendance | | 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 |
| | To | | | |
| | To | | | |
| | To | | | |

List any school course or additional training which you believe has a bearing on your fitness for this position: _____

10. EMPLOYMENT HISTORY

| | |
|------------------------------------|---|
| Dates of employment and Salary | DUTIES: 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: | |
| 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: | |
| 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 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 No If "YES," please explain on a separate sheet.

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

Yes

No

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 _____