

NAME OF APPLICANT: _____

SANTA BARBARA



POLICE ACTIVITIES LEAGUE

APPLICATION

**CHIEF OF POLICE
CAMERINO SANCHEZ**

Police Department
215 East Figueroa Street
Santa Barbara, CA 93101



Mail: Post Office Box 539
Santa Barbara, CA 93102
Telephone: (805) 897-2300
Fax: (805) 897-2405

PERSONAL HISTORY STATEMENT NON-SWORN PERSONNEL

The information you provide in this Personal History Statement will be used to assist in determining your suitability for the position. Please fill out the questionnaire completely and accurately, keeping in mind that all statements are subject to verification and deliberate inaccuracies or incomplete statements may bar or remove you from employment.

Please type or print in ink your response to this questionnaire.

Often it is timely to employ an individual prior to completion of the medical examination or other inquiries. In instances such as this your continued employment will be based on the successful completion of those examinations. You will be notified when the background investigation is completed.

Your signature below indicates that you have read and understand the provisions of this questionnaire and that you are willing to accept conditional employment pending the results of all examinations.

PLEASE PRINT FULL NAME

SIGNATURE

DATE

POLICE ACTIVITIES LEAGUE

A NON PROFIT ORGANIZATION #77-0523426

POST OFFICE BOX 91121
SANTA BARBARA, CA 93190
OFFICE: (805) 962-5560
FAX: (805) 962-5165



APPLICATION FOR EMPLOYMENT

(Please print in blue or black Ink or Type)

1. Social Security Number: _____ Position Applied for: _____
In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.

2. Name: _____
Last First Middle

3. Other names alias use, or known by: _____

4. Address: _____
Number & Street City State Zip

5. Home Phone: _____ Cell Phone: _____ Additional Phone: _____

6. Date of Birth: _____ Place of Birth _____
Month Day Year City State Country

7. In case of emergency, notify: _____
Name Address Phone Number

6. Do you have a legal right to be permanently employed in the U.S.? Yes No
At the time of appointment all new employees will be required to furnish documentation verifying their identity and authorization to work in the United States.

9. Are you now or have you ever been employed by the City of Santa Barbara? Yes No
If yes, list date(s): _____

10. Do you have any relatives, by blood or marriage, currently working for the City of Santa Barbara? Yes No
If yes:
Name of Relative: _____ Relationship: _____
Department: _____ Division: _____

11. Do you possess a valid California Driver's License? Yes No License Number: _____

12. Have you ever been convicted of a felony or misdemeanor? Yes No
If YES, ON A SEPARATE SHEET OF PAPER, give the following information for each offense: (1) date, (2) charge, (3) place, (4) court and (5) action taken. You may omit any offense rendered final in a juvenile court, under a youth offender law, or listed in labor code section 432.8. A conviction will not necessarily disqualify you from employment. FALSE STATEMENTS OR OMISSIONS OF CONVICTION(S) SHALL BE JUST CAUSE FOR DISQUALIFICATION FROM EMPLOYMENT.

13. For identification purposes, please provide the following:

Height	Weight	Hair Color	Eye Color
Scars, tattoos, or distinguishing marks:			

14. Have you ever tried, used, or experimented (other than by a medical prescription)

- a) With Marijuana? Yes No
- b) With illegal drugs? Yes No
- c) With other narcotics? Yes No

15. If yes to any of the above, please list approximate date(s), number of times, and under what circumstances:

16. Have you ever been arrested? Yes No

17. If the answer is yes, please list approximate date(s), number of times, and under what circumstances:

18. **EDUCATION/TRAINING** Have you graduated from High School or do you possess a GED? Yes No

Name and Location of College or University	Subject or Major	Units Completed		Title of Degree Awarded
		Semester	Quarter	

List any training, certificates, licenses, computer, or language skills which directly relate to position applied for:

19. Within the last five (5) years, have you been honorably discharged, released from a Veteran's hospital, or completed veterans paid schooling? Yes No

20. Are you a disabled veteran or widow of a veteran? Yes No

Note: If you wish to be considered for Veteran's Preference, you must submit DD Form 214 or applicable verification when application is filed.

21. Please list the names of **professional references** (other than family members or friends) who can be contacted to provide information regarding your work skills.

Name of Reference: _____	Relationship: _____
Address: _____	Phone Number: _____
Name of Reference: _____	Relationship: _____
Address: _____	Phone Number: _____

24. Have you ever been involved in any civil litigation? Yes No

25. Have you ever been fired or asked to resign from any place of employment? Yes No

If yes, please give details include when, where, circumstances:

22. **EMPLOYMENT HISTORY.** List your employment, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS. List each change of title or promotion separately. Account for periods of unemployment and indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.) RESUMES MAY BE SUBMITTED IN ADDITION TO, BUT NOT IN PLACE OF, COMPLETION OF ANY PORTION OF THE APPLICATION. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. Attach an additional sheet if extra space is needed. Employment verification may be made regarding your past experience.

23. May we contact your current employer? Yes No Past Employers? Yes No

If no, please explain:

Employer: _____ Phone: _____
Address: _____ Job Title: _____
Date Started / / Date Left / / Supervisor's Name/Job Title: _____
Month Day Year Month Day Year
Hours per Week: _____ Responsibilities: _____

Reason for leaving: _____ Rate of Pay: _____

Employer: _____ Phone: _____
Address: _____ Job Title: _____
Date Started / / Date Left / / Supervisor's Name/Job Title: _____
Month Day Year Month Day Year
Hours per Week: _____ Responsibilities: _____

Reason for leaving: _____ Rate of Pay: _____

Employer: _____ Phone: _____
Address: _____ Job Title: _____
Date Started / / Date Left / / Supervisor's Name/Job Title: _____
Month Day Year Month Day Year
Hours per Week: _____ Responsibilities: _____

Reason for leaving: _____ Rate of Pay: _____

Employer: _____ Phone: _____
Address: _____ Job Title: _____
Date Started / / Date Left / / Supervisor's Name/Job Title: _____
Month Day Year Month Day Year
Hours per Week: _____ Responsibilities: _____

Reason for leaving: _____ Rate of Pay: _____

I certify that this application and any supplemental information is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge. THIS APPLICATION MUST BE SIGNED IN INK AND DATED:

Signed _____ Date _____

