



# Basic Academy Application / Cover Sheet



Last Name, First Name, Middle Initial:		Birthdate:		Social Security No:			
Address, City, State, Zip:							
Email:		Cell Phone:		Home Phone:			
Loans or Grants?	VA Benefits?	Driver's License / I.D. #:		Medical Insurance Carrier/Policy #:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Place of Birth:		U.S. Citizen?		Have you lived in CA for at least 1 year?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, how long? _____)			
Physical Description:			List any visible scars, marks, tattoos (be as specific as possible):				
Weight:	Height:						
Hair Color:	Eye Color:						
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female							
Ethnic Background:							
<b>IF EMPLOYED BY AN AGENCY</b>							
Department name:			Phone:				
Department address:							
Number of years and months employed by department:							
Previous employer:							
Years in previous job:			Total years in law enforcement:				
<b>MILITARY SERVICE</b>							
Have you ever served in the Armed Forces of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Branch:		From:		To:			
Highest rank attained:		Principle duty performed:					
<b>FORMAL EDUCATION (indicate number of years and if graduated)</b>							
High school:		College:		Units completed:			
Degree/s held:		Other schools:					
<b>VEHICLE INFORMATION</b>							
Year:	Make:	Model:		Color:	License:		
<b>EMERGENCY CONTACT</b>							
Name:			Relationship to you:				
Address:							
Phone Number:			Cell Phone Number:				
<b>HOW DID YOU HEAR ABOUT THE ACADEMY</b>							
<input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Flyer <input type="checkbox"/> Career fair <input type="checkbox"/> Agency name <input type="checkbox"/> Other							
<b>STAFF USE ONLY</b>							
<input type="checkbox"/> EA T-score/Date:		<input type="checkbox"/> Medical Insurance Copy		<input type="checkbox"/> Cancellation Policy			
<input type="checkbox"/> WSTB Score/Date:		<input type="checkbox"/> DMV Printout		<input type="checkbox"/> Orientation Letter			
<input type="checkbox"/> Credit for WSTB?		<input type="checkbox"/> DOJ/Livescan		<input type="checkbox"/> Paid:			
<input type="checkbox"/> College Registration		<input type="checkbox"/> Medical Clearance		<input type="checkbox"/> Balance:			
<input type="checkbox"/> Self-Attestation      Declined Y / N		<input type="checkbox"/> PT Order		<input type="checkbox"/> File Completed			
<input type="checkbox"/> Declaration		<input type="checkbox"/> Patches		<input type="checkbox"/> Coordinator Sign Off			
<input type="checkbox"/> CA Driver's License Copy		<input type="checkbox"/> Needs List					