



# 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:						
IF EMPLOYED BY AN AGENCY						
Department name:			Phone:			
Department address:						
Number of years and months employed by department:						
Previous employer:						
Years in previous job:			Total years in law enforcement:			
MILITARY SERVICE						
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:				
FORMAL EDUCATION (indicate number of years and if graduated)						
High school:		College:		Units completed:		
Degree/s held:		Other schools:				
VEHICLE INFORMATION						
Year:	Make:	Model:	Color:	License:		
EMERGENCY CONTACT						
Name:			Relationship to you:			
Address:						
Phone Number:			Cell Phone Number:			
HOW DID YOU HEAR ABOUT THE ACADEMY						
<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						
STAFF USE ONLY						
<input type="checkbox"/> EA T-score/Date:		<input type="checkbox"/> DMV Printout		<input type="checkbox"/> Cancellation Policy		
<input type="checkbox"/> Physical Agility Exam Score/Date:		<input type="checkbox"/> DOJ/Livescan		<input type="checkbox"/> Orientation Letter		
<input type="checkbox"/> Credit for WSTB?		<input type="checkbox"/> Medical Clearance		<input type="checkbox"/> Paid:		
<input type="checkbox"/> College Registration		<input type="checkbox"/> PT Order <input type="checkbox"/> LDs Yes / No		<input type="checkbox"/> Balance:		
<input type="checkbox"/> CA Driver's License Copy		<input type="checkbox"/> Patches		<input type="checkbox"/> File Completed		
<input type="checkbox"/> Medical Insurance Copy		<input type="checkbox"/> Needs List		<input type="checkbox"/> Coordinator Sign Off		