

LOS ANGELES REGIONAL INFORMATION CLEARINGHOUSE EMPLOYMENT APPLICATION



APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER (Last Four Digits)
MAILING ADDRESS (Number)	(Street)	E-MAIL ADDRESS	
(City)	(County)	(State)	(Zip Code)
JOB TITLE(S) FOR WHICH YOU ARE APPLYING			WORK TELEPHONE NUMBER
			HOME/CELL TELEPHONE NUMBER

ANSWER THE FOLLOWING QUESTIONS:

1. Do you need reasonable accommodation to take an interview or written test? Yes No
2. Do your religious beliefs prevent you from taking an examination on Saturday? Yes No
3. Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? If "Yes", give details in the Explanations section below. Yes No
4. Have you ever been involved in an adverse action, rejection on probation, or AWOL termination, in which you agreed not to seek or accept subsequent employment with a particular employment ? Yes No
5. In addition to English, list any other languages you:
 - a. possess verbal fluency in _____
 - b. possess written fluency in _____
6. I certify I can type at a speed of _____ words per minute. (For typing applicants only.)
7. Do you possess a valid California Driver License? (If "YES", fill in the information below.) Yes No
 License # _____ Class: _____ Restrictions: _____
8. Have you ever been convicted by any court of a misdemeanor or felony? Yes No
 If "Yes", give details in the explanations section below.

EXPLANATIONS

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this application may be rejected.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with LA CLEAR. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to LA CLEAR. Furthermore, if selected for a position, I consent to undergo a full Law Enforcement background investigation including fingerprints, credit check, criminal records check, DMV check, and social security check.

SIGNATURE

DATE SIGNED

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EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED

Yes No Yes No

UNIVERSITY OR COLLEGE—NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED SEMESTER	UNITS COMPLETED QUARTER	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED

LICENSES – LIST APPLICABLE LICENSES AND CERTIFICATES INDICATED IN THE EXAMINATION BULLETIN.
(If you are an attorney, please indicate the date you were admitted to the Bar under the Issue Date column, if stated on the examination bulletin.)

LICENSE / CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION

EMPLOYMENT HISTORY— Begin with your most recent job. List each job separately.

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER

ADDRESS

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	SUPERVISOR NAME
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EMPLOYMENT HISTORY (Continued)

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
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