

COUNTY OF LOS ANGELES  
INFORMATION SHEET

*Please Read Carefully*

**1) COMPLETING YOUR APPLICATION:**

- a) **PLEASE READ THE JOB BULLETIN BEFORE FILLING OUT THIS APPLICATION TO ENSURE YOU MEET THE MINIMUM OR SELECTION REQUIREMENTS FOR THE POSITION.** THE APPLICATION SHOULD BE COMPLETE AND ACCURATE BEFORE SIGNING. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.
- b) Your SOCIAL SECURITY NUMBER MUST BE INCLUDED for record control purposes. Federal law requires that all employed persons have a Social Security Number.
- c) To receive APPROPRIATE CREDIT, include a copy of your diploma, transcript, certificate, or license as directed on the bulletin.

**2) MINIMUM OR SELECTION REQUIREMENTS** are listed in the examination bulletin.

- a) YOUR APPLICATION WILL BE ACCEPTED ONLY IF IT CLEARLY SHOWS YOU MEET THE REQUIREMENTS. The information you provide will determine your eligibility and is subject to verification at any time.
- b) You must be at least 20 years of age at the time of appointment unless other age limits are stated on the bulletin. The Federal Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination on the basis of age for any individual over age 40.

**3) APPLICATION DEADLINE:**

- a) If the bulletin has a closing date, submit the application and all required information as listed on the bulletin by the specified deadline. **POSTMARKS WILL NOT BE ACCEPTED. LATE APPLICATIONS WILL NOT BE ACCEPTED.**
- b) Applications for positions designated "**Apply in Person**" must be filed in person at the address given. Filing may be closed without notice.

**4) VETERANS PREFERENCE CREDIT** of 10 points will be added to your final passing grade in any open competitive Examination if you are an honorably discharged veteran who served in the Armed Forces of the United States:

- a) During a declared war; or
- b) During the period April 28, 1952 through July 1, 1955; or
- c) For more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976; or
- d) In a campaign or expedition for which a campaign medal or expeditionary medal has been authorized and awarded.

This also applies to the spouse of such person who, while engaged in such service was wounded, disabled or crippled and thereby permanently prevented from engaging in any remunerative occupation, and also to the widow or widower of any such person who died or was killed while in such service. A DD214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service are required as verification of eligibility for Veterans Preference Credit. If you are unable to provide any documentation at the time of filing, the 10 points will be withheld until such time as it is provided.

**5) CHANGE OF NAME OR ADDRESS** should be reported in writing immediately to the Sworn Examinations Unit at the address listed below. Include your Social Security Number, former name and/or address, as well as your new name and/or address and the title(s) and number(s) of the examination(s) for which you have applied.

**6) EQUAL EMPLOYMENT OPPORTUNITY/NON-DISCRIMINATION POLICY:**

- a) It is the policy of the County of Los Angeles to provide equal employment opportunity for all qualified persons, regardless of race, color, religion, sex, national origin, age, sexual orientation or disability.
- b) If you require material in an ALTERNATE FORMAT or are an individual requesting REASONABLE ACCOMMODATION(S) in the examination process for a physical or mental disability, please CONTACT THE AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR LISTED ON THE EXAMINATION BULLETIN. The provision of reasonable accommodation may be subject to verification of disability as allowable with State and Federal law. All disability-related information will remain confidential.

**7) Any questions regarding this application, the examination bulletin, or the examination process, please contact:**

*Sheriff's Department*  
Personnel Administration  
Sworn Examinations Unit  
University Centre Building  
101 Centre Plaza Drive  
Monterey Park, CA 91754  
**(323) 981-5800**  
swornexam@lasd.org

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**COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT  
DEPUTY SHERIFF TRAINEE  
DEPUTY SHERIFF TRAINEE / POST TRAINED  
DEPUTY SHERIFF / LATERAL ENTRY  
EMPLOYMENT APPLICATION**



<b>1a. EXAM NUMBER</b>	<b>1b. EXAMINATION TITLE</b>	<b>OFFICIAL USE ONLY</b>	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED									
<b>2. SOCIAL SECURITY NUMBER</b> (needed for record control purposes) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Analyst		Date								
<b>3. NAME</b> Last                      First                      M.I.												
<b>OTHER NAMES</b> Last                      First                      M.I.												
<b>4. ADDRESS</b> Number                      Street                      Apt. #												
<b>5a. City</b> State                                      Zip												
<b>5b. HOME PHONE</b> (    )    (    )	<b>5c. BUSINESS/MESSAGE PHONE</b> (    )    (    )	Final Score	Group	Veterans Credit								
<b>5d. E-MAIL ADDRESS</b>				Withhold Date								
<b>6.</b> Applicant must be at least 19 ½ years of age <u>at the time of filing</u> and <u>must</u> be at least 20 years of age at the time of appointment. <b>Do you meet this requirement?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO.												
<b>7.</b> Applicant must be a High School Graduate from a U. S. High School or accredited nonpublic school, or have a GED Certificate, or have attained a two-year or four-year degree from an accredited college or university (see job bulletin for further information). <b>Are you a U. S. High School Graduate?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO - or do you have a GED Certificate <input type="checkbox"/> YES <input type="checkbox"/> NO Or do you have a Two-year Degree - <input type="checkbox"/> , Four-year Degree - <input type="checkbox"/> , College/University _____												
<b>8.</b> At the time of filing for this position, <b>you must be a U. S. citizen</b> or a <b>Permanent Resident Alien</b> who is eligible for and has applied for citizenship.  <b>Please check U. S. Citizen</b> <input type="checkbox"/> <b>or Permanent Resident Alien</b> <input type="checkbox"/> If you are a Permanent Resident, have you applied for citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No - If "yes," date applied: _____  <b>Note: Permanent resident alien will be required to submit documentation to prove that the United States Citizenship and Immigration Services (USCIS) has approved his/her application for citizenship, prior to taking the written test.</b>												
<b>9.</b> All applicants (including out-of-state applicants) are required to show proof of a valid driver's license or any public entity picture identification at the time of testing. All applicants <b>MUST</b> possess a valid California Class "C" driver's license or higher <u>by the date of hire.</u> <table border="1" style="width:100%; margin-top: 10px;"> <thead> <tr> <th style="width:35%;">Type of Identification</th> <th style="width:15%;">State</th> <th style="width:20%;">Number</th> <th style="width:30%;">Expiration Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Type of Identification	State	Number	Expiration Date				
Type of Identification	State	Number	Expiration Date									
<b>10.</b> Do you claim Veterans Credit? (Veterans Credit is applicable to open competitive examinations only.) <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," attach a copy of your DD214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service. (See Application form Information Sheet for Veterans Credit criteria.)												
<b>11.</b> Have you ever been a County of Los Angeles employee? <input type="checkbox"/> YES <input type="checkbox"/> NO    If "YES," please complete the following information.												
Employee Number	Payroll Title / Rank	Item Number	Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Recurrent									
Department/UOA		Department Number										

LAST

FIRST

M.I.

**Certification of Applicant: I certify that all statements made in this application and on any attachments included are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATION:** High School Graduate?  YES  NO If "NO," number of years completed in High School \_\_\_\_ GED Certificate  YES  NO  
 Show courses you have completed that are required and others directly related to the job for which you are applying. In order to receive CREDIT FOR COLLEGE WORK, be sure to include a copy of your diploma, transcript, or certificate unless otherwise directed by the job bulletin.

NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED		MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
		SEMESTER	QUARTER			
	FROM					
	TO					
	FROM					
	TO					
	FROM					
	TO					

REQUIRED OR RELATED COURSES: (Attach an additional sheet if necessary to list all courses completed)

SCHOOL	COURSE NAME	UNITS	SCHOOL	COURSE NAME	UNITS

**WORK EXPERIENCE:** Beginning with your most recent experience, please account for all employment and any periods of unemployment in the last ten years. Include self-employment, military service, and volunteer work related to the job for which you are applying. Also list any jobs held more than ten years ago which relate to the duties of the job for which you are applying. Please list separately the PAYROLL TITLE of each job in which you have been employed. Describe the work you did as completely as possible and list each job separately. If you need additional space to describe your duties, you may attach a resume or additional documents to further describe your qualifications unless otherwise directed by the job bulletin. All the requested information MUST be completed.

PRESENT/LAST EMPLOYER or COUNTY DEPARTMENT		PAYROLL TITLE (for each title use a separate section)				NUMBER YOU SUPERVISED
EMPLOYER'S ADDRESS		DUTIES				
CITY/STATE		ZIP CODE				
FROM	TO	TOTAL MOS. WORKED				
Month	Day	Year	Month	Day	Year	
HOURS PER WEEK		SALARY		REASON FOR LEAVING		
		HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>		Are you employed by this company now? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," may we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER or COUNTY DEPARTMENT		PAYROLL TITLE (for each title use a separate section)				NUMBER YOU SUPERVISED
EMPLOYER'S ADDRESS		DUTIES				
CITY/STATE		ZIP CODE				
FROM	TO	TOTAL MOS. WORKED				
Month	Day	Year	Month	Day	Year	
HOURS PER WEEK		SALARY		REASON FOR LEAVING		
		HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>				
EMPLOYER or COUNTY DEPARTMENT		PAYROLL TITLE (for each title use a separate section)				NUMBER YOU SUPERVISED
EMPLOYER'S ADDRESS		DUTIES				
CITY/STATE		ZIP CODE				
FROM	TO	TOTAL MOS. WORKED				
Month	Day	Year	Month	Day	Year	
HOURS PER WEEK		SALARY		REASON FOR LEAVING		
		HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/>				

**Certification of Applicant:** I certify that all statements made in this application and on any attachments included are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**COUNTY OF LOS ANGELES**

How did you learn about this position? (Check all that apply)

- |   |   |   |
|---|---|---|
| <p>A. <input type="checkbox"/> Ad</p> <p>B. <input type="checkbox"/> County Employee</p> <p>C. <input type="checkbox"/> Sheriff's Dept. Employee</p> <p>D. <input type="checkbox"/> County Bulletin Board</p> <p>E. <input type="checkbox"/> Campus Recruitment</p> <p>F. <input type="checkbox"/> Library</p> <p>G. <input type="checkbox"/> Job Fair</p> <p>H. <input type="checkbox"/> Job Hotline</p> <p>I. <input type="checkbox"/> Radio Station:<br/>_____</p> <p>J. <input type="checkbox"/> Other:<br/>_____</p> | <p><b>K. Internet -</b></p> <p><input type="checkbox"/> 1) LASD Website</p> <p><input type="checkbox"/> 2) Careerbuilder.com</p> <p><input type="checkbox"/> 3) Monster.com</p> <p><input type="checkbox"/> 4) Hotjobs.com</p> <p><input type="checkbox"/> 5) Jobing.com</p> <p><input type="checkbox"/> 6) Other</p> | <p><b>L. Military -</b></p> <p><input type="checkbox"/> 1) Military Recruiter</p> <p><input type="checkbox"/> 2) Militaryexits.com</p> <p><input type="checkbox"/> 3) ACAPS</p> <p><input type="checkbox"/> 4) Military Job Fair</p> <p><input type="checkbox"/> 5) Military Magazine/Newsletter</p> <p><input type="checkbox"/> 6) Other</p> |
|---|---|---|

**EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

Exam Number: \_\_\_\_\_ Exam Title: \_\_\_\_\_

The following voluntary information is requested for the County of Los Angeles to evaluate its hiring practices and to prepare reports required by law for the State and Federal Government. This form will be detached from the employment application. This information will be confidential and will **NOT** be used to make a decision about your employment.

<p>A. Please mark one (1) group that best describes your race/ethnicity.</p> <p>1. <input type="checkbox"/> White</p> <p>3. <input type="checkbox"/> Black/African American (not of Hispanic origin)</p> <p>5. <input type="checkbox"/> Hispanic/Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)</p> <p>6. <input type="checkbox"/> American Indian (subject to verification)</p> <p>7. <input type="checkbox"/> Asian or Pacific Islander (excluding Filipino)</p> <p>8. <input type="checkbox"/> Filipino</p>	<p>B. Gender</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>C. Age _____</p>
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Disabled – A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; (3) is regarded as having such an impairment or medical condition.

AFTER FIVE DAYS RETURN TO

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FIRST CLASS MAIL

PLACE  
FIRST  
CLASS  
POSTAGE  
HERE

**SWORN EXAMINATIONS UNIT**  
**UNIVERSITY CENTRE BUILDING**  
**101 CENTRE PLAZA DRIVE**  
**MONTEREY PARK, CA 91754-2169**