

Memorandum

To: Applicant

From: Police Human Resources

Date: _____

Subject: DOCUMENTS / INFORMATION REQUIRED TO COMPLETE BACKGROUND

Attached is a background package required to complete your investigation. Please fill out these forms thoroughly and accurately. **MAKE SURE ALL ADDRESSES ARE CORRECT AND COMPLETE INCLUDING ZIP CODES AND TELEPHONE NUMBERS.** Fill out all information on the two *Release and Waiver Forms*, but do not sign or date them. Your signature will be witnessed when you submit the forms. Each of the following items is required for your background file. Bring the original document and copies of the following:

- CALIFORNIA DRIVER'S LICENSE OR CALIFORNIA IDENTIFICATION CARD
- RESIDENT ALIEN CARD OR NATURALIZATION CERTIFICATE
- SOCIAL SECURITY CARD

Once you have completed the background package, call the number below to schedule an appointment with a background investigator.

- Jail Contract / Volunteers: call: (714) 245-8126
- All Other applicants call: (714) 245-8036

Thank you for your cooperation.

SANTA ANA POLICE DEPARTMENT

INTERNSHIP / VOLUNTEER PERSONAL HISTORY STATEMENT & BACKGROUND QUESTIONNAIRE

Date you received this form: _____ Date you submitted this form: _____

Full Name _____ Sex: Male / Female
Last First Middle

Current Address: _____
Street City State Zip Code

Height: _____ Weight: _____ Birth Place: _____ U.S. Citizen: Y / N Resident Alien: Y / N

DOB: _____ AGE: _____ SS#: _____ CDL: _____ Expires: _____

Cell: _____ Home: _____ E-mail: _____

Vehicle Information: _____
Year Make Model Color

Registered Owner: _____
Name Relationship Complete Address

The vetting process for ANY position with the Santa Ana Police Department includes a thorough background investigation. The information you provide will be verified through a variety of sources. Any false, misleading or inaccurate statements, will remove you from the process. Adverse information revealed during the vetting process may or may not be grounds for disqualification, but dishonesty is **ALWAYS** grounds for disqualification. Your information is extremely confidential and will only be viewed by authorized SAPD personnel.

Initial I understand that any false statements and/or misrepresentations, whether by omission or commission, will result in automatic rejection from further consideration.

Initial I understand that if I choose to apply for paid employment with the SAPD, an additional comprehensive background investigation may be required, inclusive of a reexamination of the information and findings resulting from this process.

Initial Should I be disqualified from the process, I forfeit the right to inquire as to the reason for my disqualification.

Initial I certify I have read and understand this advisement.

Initial I freely choose to volunteer any requested information, thus freely choosing to move forward with the vetting process.

Applicant Signature: _____

Advising Investigator: _____

Badge # _____

Date: _____

FAMILY INFORMATION

Father: DOB:	Home Address:	Work Address:	Cell: Home: Work:
Mother: DOB:	Home Address:	Work Address:	Cell: Home: Work:
Spouse/Girlfriend/Boyfriend DOB:	Home Address:	Work Address:	Cell: Home: Work:
Ex-Spouse/Girlfriend/Boyfriend DOB:	Home Address:	Work Address:	Cell: Home: Work:
Sibling: DOB:	Home Address:	Work Address:	Cell: Home: Work:
Sibling: DOB:	Home Address:	Work Address:	Cell: Home: Work:
Sibling: DOB:	Home Address:	Work Address:	Cell: Home: Work:
Child: Lives with you: Y / N DOB:	Child: Lives with you: Y / N DOB:	Child: Lives with you: Y / N DOB:	Child: Lives with you: Y / N DOB:

REFERENCES

Name: Age:	Home Address:	Years Known: From Where:	Cell: Home:
Name: Age:	Home Address:	Years Known: From Where:	Cell: Home:
Name: Age:	Home Address:	Years Known: From Where:	Cell: Home:
Name: Age:	Home Address:	Years Known: From Where:	Cell: Home:

RESIDENCE INFORMATION (Last 5 years)

From:	Present	Address: Monthly Rent/Mortgage:	Owner/Management Company/Rent Collector Contact Number:
From:	To:	Address: Monthly Rent/Mortgage:	Owner/Management Company/Rent Collector Contact Number:
From:	To:	Address: Monthly Rent/Mortgage:	Owner/Management Company/Rent Collector Contact Number:

NEIGHBOR INFORMATION

Name:	Address:	Time known:	Cell:
			Home:
Name:	Address:	Time known:	Cell:
			Home:
Name:	Address:	Time known:	Cell:
			Home:

EDUCATION

Education	Name of School	Address	From	To	Major	Graduated
College:						Yes / No
College:						Yes / No
High School:						Yes / No

COLLEGE INTERNSHIP LIAISON INFORMATION (Interns Only)

___ I AM NOT APPLYING FOR A COLLEGE INTERNSHIP / Signature: _____		
Name & Title:	Address:	Office:
School:	E-Mail:	Cell:

EMPLOYMENT (Last 5 years, list most recent first)

From	To	Name, Address & Phone Number	Title & Duties	Supervisor/Coworkers	Reason for Leaving
Full Time Part Time Volunteer					
Full Time Part Time Volunteer					
Full Time Part Time Volunteer					
Full Time Part Time Volunteer					

Clearly and thoroughly answer the following questions explaining **who, what, where, when and why**. Include your age and year of occurrence for each incident. Provide explanations on a separate sheet and attach it to this form upon submission.

1. Have you **EVER** committed or been present during the commission of any of the following acts? ___Yes ___No
1(a). Have you **EVER** been the focus of an investigation for any of the following acts? ___Yes ___No

- | | | |
|-----------------------------------|-----------------------------------|--|
| ___ Arson | ___ Burglary | ___ Robbery |
| ___ Homicide/Manslaughter | ___ Assault | ___ Kidnapping |
| ___ Theft | ___ Fraud/Extortion | ___ Identity Theft |
| ___ Rape (forced intercourse) | ___ Child Abuse | ___ Child Molestation |
| ___ Bestiality (sex with animals) | ___ Prostitution (paying for sex) | ___ Incest |
| ___ Sex with a minor | ___ Child Pornography | ___ Kidnapping |
| ___ Auto Theft | ___ Credit Card Crimes | ___ False information to law enforcement |
| ___ Hate Crime | ___ Forgery | ___ Internet/Computer Crimes |

2. Have you ever had knowledge of anyone committing/participating in one of these acts and you did not report it?
___Yes ___No
3. List all citations (**NO** parking violations) you have received in the last **5** years. Include the nature of the violation(s), date, issuing agency, and disposition.
___None ___Citation(s)
4. List all traffic collisions you have been involved in as the driver in the last **5** years.
___None ___Collisions
5. Have you **ever** been arrested, detained or the subject of a criminal investigation as a juvenile or an adult?
___Yes ___No
6. Have you **ever** been in the presence of anyone that was arrested, detained, or contacted by law enforcement?
___Yes ___No
7. In the last **5** years, have you operated a vehicle while under the influence of alcohol, drugs, or medication?
___Yes ___No
8. Have you ever applied for **ANY** position with a law enforcement or public safety agency?
___Yes ___No
9. Have you **ever** been denied employment or disqualified from any law enforcement or public safety agency?
___Yes ___No
10. Are you currently, or have you ever been, in backgrounds with any law enforcement or public safety agency?
___Yes ___No
11. Have you **ever** been terminated (fired) or asked to resign from employment in lieu of termination?
___Yes ___No
12. Have you **ever** been involved in any domestic violence incident as a victim or an aggressor?
___Yes ___No
13. Has any law enforcement agency or fire service **EVER** responded to your home to investigate a crime, disturbance, emergency, or an incident involving suspicious activity?
___Yes ___No

14. Have you **ever** been a member of, associated or affiliated with a street gang, party crew or tagging crew?
 Yes No
15. Are you related to a gang member or anyone that associates with a street gang, party crew or tagging crew?
 Yes No
16. Have you **ever** supported or participated in any foreign or domestic terrorist activity?
 Yes No
17. Have you **ever** lived with or currently live with anyone that uses, manufactures, grows, or sells drugs?
 Yes No
18. Have you **ever** lived with or currently live with anyone that uses marijuana?
 Yes No
19. Have you **ever** visited a marijuana dispensary?
 Yes No
20. Have you **ever** viewed, sold, received, exchanged, or been investigated for child pornography?
 Yes No
21. Have you **ever** abused or neglected any domestic or wildlife animal, bird, or rodent?
 Yes No
22. Have you **ever** used any drug(s) listed below? Yes (mark all that apply) No
- | | | |
|--|---|--|
| <input type="checkbox"/> 2CB (Nos / Nitrous) | <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Barbiturates |
| <input type="checkbox"/> Bodybuilding supplements | <input type="checkbox"/> Club Drugs | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Crystal Meth | <input type="checkbox"/> GHB (liquid-X) | <input type="checkbox"/> Hashish/Hash Oil |
| <input type="checkbox"/> Heroin (smack, junk, black tar) | <input type="checkbox"/> Inhalants (Nos) | <input type="checkbox"/> Ketamine (K, special K) |
| <input type="checkbox"/> LSD (acid) | <input type="checkbox"/> Magic Mushrooms | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> MDA | <input type="checkbox"/> MDMA (ecstasy, XTC, X) | <input type="checkbox"/> Medications not prescribed to you |
| <input type="checkbox"/> Methamphetamine (speed) | <input type="checkbox"/> Opium/Morphin | <input type="checkbox"/> Other Hallucinogens |
| <input type="checkbox"/> Other Illegal Drugs | <input type="checkbox"/> PCP (angel dust, sherns) | <input type="checkbox"/> Peyote (mescaline, buttons) |
| <input type="checkbox"/> Rock Cocaine (crack) | <input type="checkbox"/> Rophynol (roofies) | <input type="checkbox"/> Steroids (non-medicinal) |
23. Is there anything we have not asked you, but feel you must disclose?
 Yes No

Please provide a brief summary of why you want to volunteer and any expertise you have to offer.

MILITARY EXPERIENCE

Are you required to register for the Selective Service? Yes No
 If yes, have you registered? Yes No
 If no, explain:

BRANCH OF SERVICE	DATES OF SERVICE From _____ To _____
TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable	
Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> R.O.T.C. R.O.T.C. School Information: _____ If checked, date obligation ends: _____	
Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST ALL FOREIGN COUNTRIES, STATES, AND TERRITORIES YOU HAVE VISITED

Mo / Yr	Location	Reason for Visit	Length of Visit	Travel Companion

CERTIFICATION

I have reviewed my answers to be accurate and I understand that my position is on a volunteer basis and the Santa Ana Police Department has the right to terminate my participation at any time without explanation.

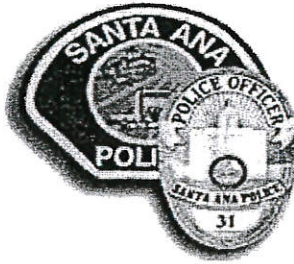
Applicant Signature

Date

Investigator's Name & Badge Number

Date

Investigator's Signature



SANTA ANA POLICE DEPARTMENT

VOLUNTEERS (complete this section)

HOURS AVAILABLE:

List the days of the week and hours of the day you would be available for volunteer service.

VOLUNTEERS / CONTRACT EMPLOYEES (complete this section)

(1) EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATION: _____

ADDRESS:

Number Street Apt. No. City Zip Code

PHONE NUMBER: _____ / _____

Home Cell Phone

(2) EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATION: _____

ADDRESS:

Number Street Apt. No. City Zip Code

PHONE NUMBER: _____ / _____

Home Cell Phone

VOLUNTEER WAIVER

(NOTE: Not applicable to CONTRACT EMPLOYEES - those persons paid through an outside agency)

I understand that my individual services are being offered on a voluntary basis without anticipation of any financial remuneration and I shall indemnify and hold harmless the City of Santa Ana, it's Boards and Commissions and their officers, agents and employees from and against all claims, demands, loss or liability of any kind or nature for any possible injury incurred during volunteer service. I agree to cooperate fully with the policies and procedures of the Santa Ana Police Department and the Santa Ana Detention Facility.

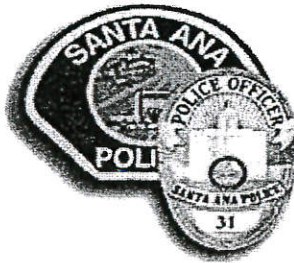
Circle applicable item: I am applying for: SAPD Volunteer / Detention Volunteer / Student Intern

Print Name: _____ Signature: _____

Date: _____

THANK YOU

Return completed applications to Santa Ana Police Human Resources.



SANTA ANA POLICE DEPARTMENT

VOLUNTEERS (complete this section)

HOURS AVAILABLE:

List the days of the week and hours of the day you would be available for volunteer service.

VOLUNTEERS / CONTRACT EMPLOYEES (complete this section)

(1) EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATION: _____

ADDRESS:

Number	Street	Apt. No.	City	Zip Code
--------	--------	----------	------	----------

PHONE NUMBER: _____ / _____

Home	Cell Phone
------	------------

(2) EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATION: _____

ADDRESS:

Number	Street	Apt. No.	City	Zip Code
--------	--------	----------	------	----------

PHONE NUMBER: _____ / _____

Home	Cell Phone
------	------------

MAYOR
Miguel A. Pulido
MAYOR PRO TEM
Claudia C. Alvarez
COUNCIL MEMBERS
P. David Benavides
Carlos Bustamante
Michele Martinez
Vincent F. Sarmiento
Sal Tinajero



CITY MANAGER
David N. Ream
CITY ATTORNEY
Joseph W. Fletcher
CLERK OF THE COUNCIL
Patricia E. Healy

CITY OF SANTA ANA POLICE DEPARTMENT

60 CIVIC CENTER PLAZA • P.O. BOX 1981
SANTA ANA, CALIFORNIA 92702

All Applicants:

As part of the selection process for the position you are applying for, you will undergo an intensive and thorough pre-employment background investigation. The purpose of this investigation is to determine your suitability for employment at the Santa Ana Police Department.

During the background investigation, an investigator will contact and interview persons who know you personally and professionally, as well as examine official documents and records concerning your personal history. Providing honest and comprehensive information will increase the likelihood of your background investigation being completed in a timely and successful manner.

Your background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. You may have incidents or occurrences in your background that may be of a negative nature, for example, termination from employment, past use of illegal drugs, or other criminal history. These incidents, in and of themselves, may not automatically remove you from consideration for the position. **However, it must be understood that your lack of truthfulness or deception of any type at any time will automatically and irrevocably result in your disqualification from the hiring process. You will not be eligible for further consideration.**

Police Officer Applicants:

California Government Code §1031 prohibits the employment of persons who are not of good moral character or who are not psychologically or medically fit to serve as police officers. This legal prohibition applies equally to persons seeking employment as peace officers, as well as persons already employed as peace officers in another jurisdiction.

In the event your background investigation uncovers information that you have, or are suspected of having been engaged in illegal activities while employed as a peace officer, you will likely be barred from further consideration for this position. Additionally, we will seek charges against you if the offense falls within the statute of limitations. In the event this illegal activity occurred while employed as a peace officer, or if this background uncovers information about your medical or psychological fitness to continue to serve as a peace officer, this information may be released to your current employer for their independent investigation.

CERTIFICATION

Initials

- _____ 1. I certify I have read this advisement, understand its implications and have received a copy of it.
- _____ 2. I freely agree to enter the background investigation process understanding that I may be disqualified.
- _____ 3. Further, should I be disqualified from the background investigation process, I acknowledge and understand that the Santa Ana Police Department will not disclose and/or discuss with me any details of the investigation.

Applicant Printed Name

Applicant Signature & Date

Witness Printed Name & Badge Number

Witness Signature