

CONTRA COSTA COUNTY OFFICE OF THE SHERIFF
LAW ENFORCEMENT TRAINING CENTER



Mail or Deliver to: Phone: (925) 655-0330
Law Enforcement Training Center Fax: (925) 839-5360
4300 Delta Gateway Blvd. E-mail: Academy@so.cccounty.us
Pittsburg, CA 94565

Academy Student Application

Basic Full Time/ Intensive Academy Module I/II/II _____

FOR OFFICE USE ONLY

T-Score:

Interview Date/Time:

Accepted/Rejected:

1. Social Security Number: (Optional—For Applicant Record Control) _____ 2. Date of Birth _____
3. Last Name: _____ First Name: _____ Middle Name: _____
4. Address: _____ City: _____ State/Zip: _____
5. Home Phone: _____ Cell Phone: _____ Alternate Phone: _____
6. Email Address: _____

7. Are you a United States Citizen? _____ **COMPLETE ONLY IF YOU ARE NOT A UNITED STATES CITIZEN.** If you are not a United States Citizen, have you applied for citizenship and can you provide proof? Do you have permission to work in the United States from the U.S. Immigration and Naturalization Service? You will be required to submit proof of your permission to work if employed. _____

8. Have you ever been convicted of any offense by any civilian or military court? If yes, please note the date and place of each offense, the specific charge, the date and place of conviction and the fine or sentence received. You may omit traffic violations for which the only penalty imposed was a fine of less than \$100.00. *A criminal record is not necessarily a bar to admission. Each case is given individual consideration, based on job relevance.* _____

9. Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment within the last ten years? If yes, give name and address of the employers, reason for each release and dates of employment. *If answer is yes, it is not necessarily a bar to admission. Each case is given individual consideration, based on job relevance.* _____

Signature: _____ Date: _____

**CONTRA COSTA COUNTY OFFICE OF THE SHERIFF
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Mail or Deliver to: Phone: (925) 655-0021
 Law Enforcement Training Center Fax: (925) 839-5360
 1850 Muir Road E-mail: Academy@so.cccounty.us
 Martinez, CA 94553

10. Are you fluent in any language other than English? If so, please specify: _____

11. Have you served continuously on active duty for more than 180 days and received an honorable discharge or are you a disabled veteran? If yes, please list the military branch for which you served and your dates of service. Please also include a copy of your DD214. _____

12. List licenses and/or certificates required for this position (Driver's License, etc.). Include title, date issued, expiration date and number. _____

13. Education: Do you possess a high school diploma or the equivalent (i.e. G.E.D. Certificate, California High School Proficiency Certificate)?
Upon acceptance into the academy, you will be required to provide proof of your education. _____

14. Additional Education: Please list all additional education.

15: Statistical Data: Answers to the questions in this section are optional.

Name of College/University Attended	Dates of Attendance	Course of Study/ Major/Minor	Degree Awarded/ Type of Degree	Units Completed

Male Female

Race/Ethnic Background: *Please indicate only one choice. Persons of mixed races should classify according to the ethnic group with which they identify.*

- White (not of Hispanic origin)
 African American (not of Hispanic origin)
 Hispanic
 Asian/Pacific Islander
 Filipino
 American Indian/Alaskan Native

Signature: _____ Date: _____

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Martinez, CA 94553

15. Employment: The following section must be filled out completely. List your work experience for the past ten years beginning with your current or most recent experience. Use additional sheets if necessary. Volunteer and non-paid experience may be listed is job related. A resume or other supporting documentation may be attached but may not be used as a substitute for completing the section.

Previous Employer Name _____

Previous Employer Address _____ City _____ State/Zip _____

Dates of Employment _____ Total Years/Months _____

Title _____ Reason for Leaving _____

Duties Performed _____

Previous Employer Name _____

Previous Employer Address _____ City _____ State/Zip _____

Dates of Employment _____ Total Years/Months _____

Title _____ Reason for Leaving _____

Duties Performed _____

Previous Employer Name _____

Previous Employer Address _____ City _____ State/Zip _____

Dates of Employment _____ Total Years/Months _____

Title _____ Reason for Leaving _____

Duties Performed _____

I authorize the employers and educational institutions identified in this application to release any information needed to the Contra Costa County Office of the Sheriff Law Enforcement Training Center.

I authorize the Contra Costa County Office of the Sheriff Law Enforcement Training Center to contact my present employer.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that misstatements/omissions of material fact may cause forfeiture of my application by the Contra Costa County Office of the Sheriff.

Signature: _____ Date: _____