



**Donald H. Blevins**  
Chief Probation Officer

**COUNTY OF LOS ANGELES  
PROBATION DEPARTMENT  
9150 EAST IMPERIAL HIGHWAY, DOWNEY, CALIFORNIA 90242  
(562) 940-3773**



All positions are open to qualified men and women pursuant to the Americans with Disabilities Act of 1990. Persons with disabilities who believe they need reasonable accommodation or help, in order to apply for, or perform the necessary duties of a position may contact the Americans with Disabilities Act Coordinator, at (562)940-3552. Hearing impaired applicants with telephone-teletype (TDD) equipment may leave messages by calling (562) 988-7800.

## OPEN COMPETITIVE VOLUNTEER OPPORTUNITIES

**How to File:** The Standard Reserve Deputy Probation Officer application packet can be submitted online, via US Mail or in person on workdays between the hours of 8:00am and 5:00pm at 9150 Imperial Highway, Downey, California 90242. The Reserve DPO Application can be found at: [WWW.\\*\\*\\*\\*\\*@\\*\\*\\*\\*\\*](http://WWW.*****@*****)

## RESERVE DEPUTY PROBATION OFFICER

The Reserve Deputy Probation Officer is a deputized volunteer who reports to, and is supervised by, non-supervisor probation staff member. He or she has received special training in order to assist the probation staff member in a wide range of responsibilities, which may include direct involvement with juvenile and adult probationers. He or she is a highly motivated, skilled and caring person who wants to serve their community as a part of the Los Angeles County Probation Department.

The Reserve Deputy Probation Officer is not a replacement for, or an alternative to, paid staff, but serves as a force multiplier that enhances existing resources.

### STATUS OF RESERVE DEPUTY PROBATION OFFICER

The Reserve Deputy Probation Officer is a volunteer of the department deputized by the Chief Probation Officer to perform his/her assigned duties.

**No Peace Officer Powers.** The Reserve Deputy Probation Officer does not have peace officer authority and is not authorized with arrest, or search and seizure powers. Additionally, the carrying of firearms, other weapons, and handcuffs by the Reserve Deputy Probation Officer, including those who have an outside legal authority to do so, is not authorized.

### RESERVE POSITION QUALIFICATIONS

Successful applicants for the position of Reserve Deputy Probation Officer must possess the following:

- Be at least 21 years of age
- Have achieved at least sophomore year status from a four-year college or University with the goal of attaining at least a bachelor degree in the foreseeable future.\*
- U.S. Citizen
- Posses a valid California Driver's License
- Be properly insured as a driver
- Have no record of felony conviction
- Pass a medical and psychological examination
- Successfully complete the prescribed basic orientation training course
- Successfully complete the additional service and training under the supervision of a regular probation staff member.

\*The Reserve Program also recruits and accepts applications from individuals who, irrespective of educational achievement, possess a special skill or expertise in a particular field that can benefit the probation department by enhancing its ability to achieve its mission and goals.\*

## **EXAMINATION INFORMATION**

This examination will consist of a qualifying oral examination weighted 100%. Those individuals who pass the interview will proceed to background examination, physiological testing and medical exam for fitness and duty.

**Candidates who receive a passing score of 70% or higher in the interview may proceed to the selection process which includes:**

1. A thorough background investigation, as prescribed by law, including a fingerprint search. Applicants must be qualified to hold a peace officer position to work with juveniles.
2. Applicants cannot have been on probation for any reason within the past year.
3. Applicants cannot have any outstanding fines, warrants, or Failures to Appear.
4. A pre-employment medical examination, which will include a psychological test.
5. Swearing or affirmation to the oath for civil defense and public employees as prescribed by law.
6. Verification of education and experience claimed.

The Reserve Deputy Probation Officer is not an employee of Los Angeles County. The Reserve Deputy Probation Officer serves at the will authority of the Chief Probation Officer of Los Angeles County and as such does not fall within the framework or the jurisdiction of the civil service system. There is, therefore no enforceable right to be admitted or retained in the Reserve Program, nor any right to appeal concerning termination.

**ALL CANDIDATES WILL BE REQUIRED TO PROVIDE POSITIVE IDENTIFICATION BEFORE BEING ADMITTED TO WRITTEN, INTERVIEW OR PERFORMANCE EXAMINATION. PLEASE BRING TO THE EXAMINATION A VALID DRIVER LICENSE OR ANOTHER FORM OF VALID IDENTIFICATION WHICH HAS YOUR PHOTOGRAPH AND SIGNATURE (SCHOOL OR BUSINESS I.D. CARD, BUILDING PASS, PROFESSIONAL LICENSE, VALID PASSPORT, ETC.)**

## **TRAINING**

Reserve Deputies will be required to complete a minimum of 75 hours of training course and a subsequent 6 months on the job training period. Reserve Deputies may also complete any designated training for assignments which can require additional training or skills.

## **ASSIGNMENTS**

A Reserve Deputy can work on weekdays, weekends, or evenings, serving a minimum of 16 hours per month. Reserve Deputies work under direct supervision of Deputized Probation staff in the supervision and investigation of adults and juveniles. They assist in Field Offices, Juvenile Halls, Camps, and some support service areas of the Probation Department.

Reserve Deputies also assist Deputized Probation staff in making home visits, field investigations and monitoring conditions of probation. They serve at the will of the Chief Probation Officer, must observe all Department regulations, and do not fall within the framework of the civil service system.

Reserve Deputies do not perform any sovereign duties of Deputized Probation staff including those duties that require certain discretionary decisions, which can be made only by Deputized Probation Staff.

## **FOR FURTHER INFORMATION CONTACT:**

Los Angeles County Probation Department  
9150 E. Imperial Hwy.  
Downey Ca. 90242  
Reserve Program Coordinator  
(626) 579-8545  
<http://probation.co.la.ca.us>

# Reserve Deputy Probation Officer Program Los Angeles County Probation Department

## **Instructions to Applicants:**

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position of Reserve Deputy Probation Officer (RDPO). Please fill out the questionnaire **completely** and **accurately**. There are some duplicates of various attached forms. Please fill **all** forms whether they are duplicated or not.

Please keep in mind that:

1. All statements are subject to verification.
2. Deliberate inaccuracies or incomplete information may bar you or remove you from appointment. **Be sure to include all addressed with ZIP codes.**
3. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor(s) in your background will be evaluated in terms of the circumstances and facts surrounding it's occurrence(s) and the degree of relevance to the job for which you have applied. For example being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding their occurrence(s). An evaluation will then be made of the relevance of these facts to the requirements of the position.

**NOTE:** In completing Section VII (Arrest Information), you need not list an arrest and/or conviction when the record of such an incident has been sealed in accordance with Ca. Penal Code section 1203.45, 851.7 or 851.8; nor do you need to list an arrest or conviction if your record has been **expunged** or is **expungeable** pursuant to Ca. Health and Safety Code section 11361.5. However, you must list the arrest and/or conviction if you have received a **release** (per section 1203.4 or 1203.4a of the Penal Code or Welfare and Institutions Code section 1179 pr 1172), or a **pardon** under section 4852.16 of the Penal Code.

All applicants **must** print in **black ink** or **type** your responses to this questionnaire. If you need more space to respond to a question, please attach a separate sheet and identify the additional information by question number. Any additional sheets must be signed.

APPLICANTS MUST SUBMIT PROOF OF THE FOLLOWING AT THE TIME OF INTERVIEW:

- PROOF OF U.S. CITIZENSHIP (Bring all that is applicable)
  - Birth Certificate or Certified Copy of Birth Certificate or Valid U.S. Passport
- VALID CALIFORNIA DRIVER'S LICENSE
- SOCIAL SECURITY CARD
- VERIFICATION OF VALID CAR INSURANCE
- OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPTS (CERTIFIED AND SEALED IN ENVELOPE)
- SELECTIVE SERVICE DRAFT REGISTRATION CARD (MALES BORN AFTER 01/01/60)
- DD214 FORM (IF YOU HAVE HAD MILITARY SERVICE)
- YOUR LAST TWO PERFORMANCE EVALUATIONS (IF YOU ARE CURRENTLY WORKING FOR THE COUNTY OF LOS ANGELES)

I have read and understand these instructions. \_\_\_\_\_  
(Signature) (Date)

**PLEASE RETURN THIS FORM WITH THE APPLICATION**

# RESERVE DEPUTY PROBATION OFFICER APPLICATION

## SECTION I PERSONAL INFORMATION

**THE FOLLOWING INFORMATION IS REQUESTED OF YOU FOR VERIFICATION AND CONTACT PURPOSES**

<b>1. YOUR NAME (PLEASE PRINT IN INK)</b>				
<i>Last</i>	<i>First</i>	<i>Middle</i>		
<i>Other names (including nicknames) you have used or been known by:</i>				
<b>2. PLEASE LIST ADDRESS AT WHICH YOU CAN BE CONTACTED (mailing address)</b>				
<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>3. PLEASE LIST THE LOCAL TELEPHONE NUMBER(S) AT WHICH YOU CAN BE CONTACTED:</b>		( ) -	( ) -	
		<b>PAGER NUMBER</b>	<b>CELL PHONE NUMBER</b>	
		( ) -	( ) -	
<b>HOURS YOU CAN BE CONTACTED:</b>		<b>FROM</b>	<b>TO</b>	<b>FROM</b> <b>TO</b>
<b>4. BIRTHDATE</b>		<b>5. U.S. CITIZENSHIP IS REQUIRED FOR THIS POSITION. CAN YOU PROVIDE SUCH DOCUMENTATION?</b>		
<i>Month</i>	<i>Day</i>	<i>Year</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO      NATURALIZATION # _____	
<b>6. SOCIAL SECURITY NUMBER</b>			IF NO, ALIEN REGISTRATION NUMBER: _____	
<b>7. FOR THE PURPOSES OF IDENTIFICATION, PLEASE PROVIDE THE FOLLOWING:</b>				
<i>Height</i>	<i>Weight</i>	<i>Hair Color</i>	<i>Eye Color</i>	
Scars, tattoos, or other distinguishing marks; list all and describe.				
<b>8. PLEASE SUPPLY THE APPROPRIATE INFORMATION IN THE SPACES PROVIDED BELOW.</b>				
<b>NAME OF YOUR</b>		<b>ADDRESS WHERE PERSON CAN BE CONTACTED (INCLUDE CITY, STATE AND ZIP CODE)</b>		<b>TELEPHONE AT WHICH PERSON CAN BE CONTACTED</b>
<i>Father</i>	<input type="checkbox"/> <i>Living</i>	<input type="checkbox"/> <i>Deceased</i>	<input type="checkbox"/> <i>Home</i>	<input type="checkbox"/> <i>Work</i>
			<input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Home</i>
				<input type="checkbox"/> <i>Work</i>
				<input type="checkbox"/> <i>Other</i>
<i>Mother</i>	<input type="checkbox"/> <i>Living</i>	<input type="checkbox"/> <i>Deceased</i>	<input type="checkbox"/> <i>Home</i>	<input type="checkbox"/> <i>Work</i>
			<input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Home</i>
				<input type="checkbox"/> <i>Work</i>
				<input type="checkbox"/> <i>Other</i>
<i>Spouse</i>	<input type="checkbox"/> <i>Married</i>	<input type="checkbox"/> <i>Divorced</i>	<input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>Home</i>
				<input type="checkbox"/> <i>Work</i>
				<input type="checkbox"/> <i>Other</i>
<b>9. LIST ALL OF YOUR CHILDREN (INCLUDE – STEP CHILDREN, ADOPTED CHILDREN, ETC.)</b>				
<b>NAME</b>			<b>PRESENTLY LIVING WITH YOU?</b>	
			<b>YES</b>	<b>NO</b>

**SECTION II RESIDENCE INFORMATION**

**LIST ALL RESIDENCES FOR LAST 5 YEARS. START WITH CURRENT LOCATION. IF MORE SPACE IS NEEDED ATTACH AN ADDITIONAL SHEET.**

FROM		TO							
Mo.	Yr.	Mo.	Yr.	Number	Street	Apt. No.	City	State	Zip Code

**SECTION III EDUCATION INFORMATION**

**1. LIST HIGH SCHOOL GRADUATED FROM OR LAST ATTENDED**

NAME OF SCHOOL	CITY AND STATE	ATTENDANCE DATES		GRAD?	CALIF. PROFICIENCY TEST OR GED?	
		FROM	TO		YES	WHEN TAKEN

**2. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED INCLUDING POST GRADUATE WORK**

NAME OF SCHOOL	CITY AND STATE	ATTENDANCE DATES		MAJOR	UNITS EARNED	DEGREE
		FROM	TO			

**SECTION IV EMPLOYMENT INFORMATION**

**1. BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, PLEASE LIST ALL JOBS (INCLUDING PART-TIME, TEMPORARY, AND VOLUNTARY POSITIONS) YOU HAVE HELD IN THE PAST TEN (10) YEARS. IF YOU HAVE HAD ANY INTERVENING PERIODS OF MILITARY SERVICE, UNEMPLOYMENT, OR SCHOOLING, PLEASE LIST THOSE PERIODS IN SEQUENCE IN THE SPACES PROVIDED. ALL TIME PERIODS MUST BE ACCOUNTED FOR.**

<b>FROM</b>		<b>TO</b>		<i>Employer's Name</i>	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	<i>Employer's Address</i>			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ( )
				<i>Job Title</i>		<i>Duties</i>			
<i>Hrs. per Week</i>		<i>Salary</i>		<i>Supervisor's Name</i>		<i>Reason for Leaving</i>			

IF A CONTACT WERE MADE AT THIS TIME WITH THIS EMPLOYER, WOULD IT JEOPARDIZE YOUR POSITION?  YES  NO

COMMENT:

<b>FROM</b>		<b>TO</b>		<i>Employer's Name</i>	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	<i>Employer's Address</i>			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ( )
				<i>Job Title</i>		<i>Duties</i>			
<i>Hrs. per Week</i>		<i>Salary</i>		<i>Supervisor's Name</i>		<i>Reason for Leaving</i>			

<b>FROM</b>		<b>TO</b>		<i>Employer's Name</i>	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	<i>Employer's Address</i>			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ( )
				<i>Job Title</i>		<i>Duties</i>			
<i>Hrs. per Week</i>		<i>Salary</i>		<i>Supervisor's Name</i>		<i>Reason for Leaving</i>			

<b>FROM</b>		<b>TO</b>		<i>Employer's Name</i>	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	<i>Employer's Address</i>			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>			<i>CITY</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ( )
				<i>Job Title</i>		<i>Duties</i>			
<i>Hrs. per Week</i>		<i>Salary</i>		<i>Supervisor's Name</i>		<i>Reason for Leaving</i>			

<b>FROM</b>		<b>TO</b>		<i>Employer's Name</i>	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	<i>Employer's Address</i>			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ( )
				<i>Job Title</i>		<i>Duties</i>			
<i>Hrs. per Week</i>		<i>Salary</i>		<i>Supervisor's Name</i>		<i>Reason for Leaving</i>			

<b>FROM</b>		<b>TO</b>		<b>Employer's Name</b>	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	<b>Employer's Address</b>			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ( )
				<b>Job Title</b>		<b>Duties</b>			
<b>Hrs. per Week</b>		<b>Salary</b>		<b>Supervisor's Name</b>		<b>Reason for Leaving</b>			

<b>FROM</b>		<b>TO</b>		<b>Employer's Name</b>	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	<b>Employer's Address</b>			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ( )
				<b>Job Title</b>		<b>Duties</b>			
<b>Hrs. per Week</b>		<b>Salary</b>		<b>Supervisor's Name</b>		<b>Reason for Leaving</b>			

<b>FROM</b>		<b>TO</b>		<b>Employer's Name</b>	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	<b>Employer's Address</b>			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ( )
				<b>Job Title</b>		<b>Duties</b>			
<b>Hrs. per Week</b>		<b>Salary</b>		<b>Supervisor's Name</b>		<b>Reason for Leaving</b>			

<b>FROM</b>		<b>TO</b>		<b>Employer's Name</b>	<input type="checkbox"/> F/T <input type="checkbox"/> P/T	<b>Employer's Address</b>			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>			<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ( )
				<b>Job Title</b>		<b>Duties</b>			
<b>Hrs. per Week</b>		<b>Salary</b>		<b>Supervisor's Name</b>		<b>Reason for Leaving</b>			

2. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?  YES  NO

If yes, identify employer and explain.

3. IF YOU HAVE HAD NO PRIOR EMPLOYMENT, PLEASE EXPLAIN IN THE SPACE BELOW.

4. HAVE YOU EVER FILED FOR AN EXAMINATION WITH THIS DEPARTMENT AND/OR ANY CRIMINAL JUSTICE AGENCY?  YES  NO

<i>Date Filed</i>	<i>Department or Agency</i>		<i>Position Applied For</i>		<i>Results</i>
<b>ADDRESS</b>	<i>Street Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Date Filed</i>	<i>Department or Agency</i>		<i>Position Applied For</i>		<i>Results</i>
<b>ADDRESS</b>	<i>Street Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Date Filed</i>	<i>Department or Agency</i>		<i>Position Applied For</i>		<i>Results</i>
<b>ADDRESS</b>	<i>Street Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Date Filed</i>	<i>Department or Agency</i>		<i>Position Applied For</i>		<i>Results</i>
<b>ADDRESS</b>	<i>Street Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**SECTION V MILITARY INFORMATION**

**1. LIST ALL ENLISTMENTS IN THE ARMED FORCES**

<i>Enlistment Date</i>	<i>Branch of Service</i>	<i>Unit Medical Corps. Engineers, etc.</i>		<i>Rate/Rank</i>	<i>Serial Number</i>
<i>Discharge Date</i>	<i>Highest Rank</i>	<i>Rate Rank of Discharge</i>	<i>Type of Discharge</i>	<i>Veteran's Claim "C" Number</i>	
<i>Enlistment Date</i>	<i>Branch of Service</i>	<i>Unit Medical Corps. Engineers, etc.</i>		<i>Rate/Rank</i>	<i>Serial Number</i>
<i>Discharge Date</i>	<i>Highest Rank</i>	<i>Rate Rank of Discharge</i>	<i>Type of Discharge</i>	<i>Veteran's Claim "C" Number</i>	

**2. WHILE IN THE SERVICE WERE YOU EVER THE SUBJECT OF ANY DISCIPLINARY ACTION, SUCH AS COURT MARTIAL, ETC?**  YES  NO  
 If yes, explain.

**3. IF YOU RECEIVED DISCHARGE OTHER THAN HONORABLE, EXPLAIN REASONS BELOW.**

**4. LIST YOUR MILITARY RESERVE STATUS**  ACTIVE  INACTIVE  NONE

<i>Branch of Service</i>	<i>Unit</i>	<i>Unit Address</i>		
<i>Date of Enlistment</i>	<i>End of Enlistment</i>	<i>Rate/Rank</i>	<i>Commanding Officer</i>	

**SECTION VI ORGANIZATIONAL INFORMATION**

**1. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR CHANGE IN OUR PROCESS OF THE LAW BY ANY MEANS OTHER THAN THE DEMOCRATIC PROCEDURES PROVIDED BY OUR PRESENT FORM OF GOVERNMENT, OR WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?**  YES  NO

**2. IF THE ANSWER TO THE ABOVE QUESTION IS "YES" LIST THE ORGANIZATION(S), ETC. BELOW.**

<i>Name of Organization</i>	<i>From</i>	<i>To</i>	<i>Telephone Number</i> ( )
<i>Address</i>		<i>Office Held</i>	

**SECTION VI ARREST INFORMATION**

1. EITHER AS AN ADULT OR A JUVENILE, HAVE YOU EVER BEEN DETAINED FOR INVESTIGATION, NAMED AS A SUSPECT IN A POLICE REPORT, HELD ON SUSPICION, QUESTIONED, FINGERPRINTED OR ARRESTED BY ANY LAW ENFORCEMENT AGENCY OR MILITARY AUTHORITY INCLUDING TRAFFIC OFFENSES RESULTING IN A WARRANT BEING ISSUED.

YES

NO

If the answer to the above question is "yes", list the information below and write a short narrative account of each incident.

(THE FACT THAT YOU MAY HAVE BEEN AFFECTED BY A SEALING, AN EXPUNGEMENT, A RELEASE, OR A PARDON HAS SPECIFIC LEGAL IMPLICATIONS AS TO HOW YOU SHOULD ANSWER THIS QUESTION. PLEASE SEE THE INSTRUCTION PAGE FOR A DETAILED GUIDE.)

DATE	CHARGE	ARRESTING OR DETAINING AGENCY	PENALTY

2. HAVE YOU EVER HAD A COURT CASE SEALED, EXPUNGED OR PARDONED?

YES

NO

3. HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT (EITHER SUMMARY OR FORMAL)?

If "yes", please give details (including when, where, and why).

YES

NO

**SECTION VII MOTOR VEHICLE INFORMATION**

*AN INVESTIGATION OF YOUR DRIVING HISTORY WILL BE MADE THROUGH A RECORD CHECK. TO EXPEDITE THIS PROCEDURE, PLEASE SUPPLY THE FOLLOWING INFORMATION:*

1. CALIFORNIA DRIVER'S LICENSE NUMBER Expiration Date

Name under which license was granted

2. PLEASE LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE.

State	Name under which license was granted	State	Name under which license was granted
State	Name under which license was granted	State	Name under which license was granted

3. HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE?

If "yes", please explain (include when, where, and why).

YES

NO

4. CALIFORNIA LAW REQUIRES THAT OPERATORS AND OWNERS OF MOTOR VEHICLES BE COVERED BY AUTOMOBILE LIABILITY INSURANCE OR BOND OR DEPOSIT OF \$35,000 WITH THE DEPARTMENT OF MOTOR VEHICLES. THEREFORE, PLEASE LIST THE CURRENT LIABILITY INSURANCE YOU HAVE WITH YOUR MOTOR VEHICLES.

COMPANY	ADDRESS	POLICY NUMBER	DATE OF EXPIRATION

IF YOU ARE BONDED OR HAVE DEPOSITED \$35,000 TO MEET YOUR MOTOR VEHICLE FINANCIAL RESPONSIBILITY, PLEASE INDICATE.

BOND                                       \$35,000

5. LIST EVERY VEHICLE CODE VIOLATION IN THE LAST THREE (3) YEARS, INCLUDING SEAT BELT VIOLATIONS.

DATE	CHARGE	DEPARTMENT OR AGENCY	PENALTY (FINE, PROBATION, SENTENCE, TRAFFIC SCHOOL, ETC.)

6. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, PLACED ON PROBATION OR HAVE YOU EVER RECEIVED A WARNING NOTICE FROM THE STATE THAT ISSUED YOUR LICENSE?                                       YES                                       NO

If yes, explain:

I UNDERSTAND THAT ANY APPOINTMENT TENDERED ME WILL BE CONTINGENT UPON THE RESULTS OF A THOROUGH CHARACTER AND FITNESS INVESTIGATION, AND I AM AWARE ANY FALSE STATEMENT OR OMISSION MADE ON THIS QUESTIONNAIRE MAY CAUSE MY NAME TO BE REMOVED FROM THE ELIGIBLE LIST, OR BE CAUSE FOR IMMEDIATE DISMISSAL IF AN APPOINTMENT WAS MADE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**LOS ANGELES COUNTY PROBATION DEPARTMENT**  
**APPLICANT DRUG QUESTIONNAIRE**

❶ Have you ever used, tried, or experimented with any of the following substances, drugs, or narcotics?

			DATE		Frequency of Use
	Yes	No	1 <sup>st</sup> Use Mo/Yr	Last Use Mo/Yr	
	Marijuana, THC				
Hashish, Hash Oil					
Cocaine (Crack)					
Barbiturates (Downers)					
Amphetamines Methamphetamine Speed (Uppers)					
Heroin					
LSD (Other Hallucinogenics)					
PCP (Angel Dust)					
Opium, Morphine					
Other (Please Specify)					

❷ Have you ever purchased narcotics or drugs including marijuana without a doctor's prescription?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

❸ Have you ever sold narcotics or drugs including marijuana?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Total Profit \_\_\_\_\_  
 Substance \_\_\_\_\_  
 Number of Times \_\_\_\_\_  
 Last Time (date) \_\_\_\_\_

❹ Have you ever furnished, manufactured, cultivated, or possessed any drug, narcotic, or other illegal substance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Substance: \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYEE INFORMATION SHEET**

COUNTY OF LOS ANGELES

<b>1. Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>2. Social Security Number</b>
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<b>3. RESIDENCE – Street and Number</b>	<b>City, State and Zip Code</b>	<b>4. DO YOU HAVE A RELATIVE CURRENTLY EMPLOYED BY THE COUNTY OF LOS ANGELES</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <i>Indicate Name, Relationship and Department below</i> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><b>Name</b></td> <td style="width:33%;"><b>Relationship</b></td> <td style="width:33%;"><b>Department</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	<b>Name</b>	<b>Relationship</b>	<b>Department</b>						
<b>Name</b>	<b>Relationship</b>		<b>Department</b>								

<b>5. Since (Date)</b>	<b>Telephone ( ) ( )</b>
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<b>6. In Emergency Notify</b>	<b>Telephone Number ( ) ( )</b>
<b>Street and Number</b>	<b>City, State</b>

<b>7. MILITARY SERVICE IN THE ARMED FORCES OF THE UNITED STATES</b>	<b>From</b>	<b>To</b>	<b>Serial Number</b>
<b>Highest Rank or Rating</b>	<b>Branch</b>		<b>Type of Discharge</b>

<b>8. INDICATE COMPUTER SOFTWARE PROGRAMS PROFICIENCY</b>						
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<b>9. LIST HEAVY EQUIPMENT YOU CAN OPERATE</b>						
--	--	--	--	--	--	--

<b>10. IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES OPERATING A VEHICLE ON THE JOB, PLEASE FURNISH</b>	<b>California Drivers License</b>	<b>Expiration Date</b>
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11. FOREIGN LANGUAGES	CHECK			12. EDUCATION (High School or Higher) Name and Location of School	Last Grade Completed	Date Completed	College Major	Degrees
	Read	Write	Speak					
Spanish								
French								
Other								

**13. PROFESSIONAL OR TECHNICAL LICENSES, PERMITS, ETC. (SHOW STATE, COUNTY OR CITY IN WHICH REGISTERED):**

**14. HAVE YOU, AS A JUVENILE OR ADULT, EVER BEEN CONVICTED, FINED, IMPRISONED, OR PLACED ON PROBATION OR A SUSPENDED SENTENCE, OR HAVE YOU FORFEITED BAIL IN CONNECTION WITH ANY OFFENSE (EXCEPT FOR TRAFFIC TICKETS INVOLVING FAULTY EQUIPMENT, PARKING, HAND OR TRAFFIC SIGNALS OR SPEEDING) IN ANY CIVIL OR MILITARY COURT OF LAW? (Include convictions dismissed under penal code 1203.4 and any major traffic offenses resulting in warrants).**

YES     NO    If "yes" give the following information for each offense:

AGE AT TIME OF ACTION	DATE	POLICE DEPARTMENT OR COURT	CHARGE	DISPOSITION

**15. HAVE YOU WORKED FOR LOS ANGELES COUNTY UNDER A DIFFERENT NAME? If so, please list:**

**16. HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER A DIFFERENT NAME? If so, please list:**

**17. I AM WILLING TO WORK THE FOLLOWING SHIFT(S).**     Day Shift     Night Shift     Swing Shift     Weekend Shift

**18. REMARKS (Identify by Box Number)**

If you are selected for this position and are not a citizen, you will be required to submit an alien registration card.

PLEASE TYPEWRITE OR PRINT IN INK



**Los Angeles County Probation Department**  
Gang Association Questionnaire

1. Have you ever been a member of a gang? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever attended a gathering of any street gang? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever participated in any gang activity? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has any member of your family ever knowingly associated with members of a street gang? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever carried any weapon for protection? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_