

SAN FRANCISCO POLICE DEPARTMENT RESERVE OFFICER APPLICATION

THE CITY & COUNTY OF SAN FRANCISCO IS AN EQUAL OPPORTUNITY EMPLOYER

NAME:								
	IRST NAME		MIDDLE NAME				ИE	
ADDRESS:			APT	:				
CITY:	ZIP C	ODE:						
DATE OF BIRTH:	_ SSN:							
HOME PHONE: ()	WORK PHON	VE: (_		_)				
CELL PHONE: ()	EMAIL:							
ARE YOU A UNITED STATES RESIDENT?:		YES	()	NO (()		
IF NOT A U.S. RESIDENT, HAVE YOU APPLIED FOR U.S.	CITIZENSHIP?	YES	()	NO (()		
ARE YOU A HIGH SCHOOL GRADUATE, PASSED THE CAPOSSESS A G.E.D. HIGH SCHOOL CERTIFICATE?	ALIFORNIA HIGH						OR	
		YES	()	NO (()		
HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE BY ANY	CIVILIAN OR MILIT	ARY COL	JRT?	YES	()	N	10 ()
If you stated yes to the above question, please note in Comme each offense, specific charges, date of convictions, and jurisd employment. Each case is given individual consideration, bas	liction of offense.	A crimina	al reco	ord is no	ot nece			s of
DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICE	NSE?	YES	()	NO (()		
IF YOU STATED YES, PLEASE LIST YOUR CDL NUMBER:						_		
IF YOU HAVE A DRIVER'S LICENSE FROM ANOTHER STATE, PL	EASE LIST WHICH	STATE:						
PLEASE ANSWER THE FOLLOWING QUESTIONS:								
I HAVE COMPLETED A BASIC POLICE ACADEMY, CERTIF	FIED BY CALIFO	RNIA P.O	D.S.T:	YE	S ()	NO ()
IF YES, LIST NAME OF ACADEMY:			DA	TE GR	ADUA	TED:		_
I POSSESS A P.O.S.T. CERTIFICATE AND CURRENTLY E	MPLOYED AS A	PEACE	OFFI	CER: `	YES	()	NO (()
IF YES, TYPE OF CERTIFICATE: BASIC ()	INTERMEDIAT	Έ () AI	OVANO	CED	()		
LIST NAME OF CURRENT AGENCY OF EMPLOYMENT: _								
I CURRENTLY ATTEND AND WILL BE COMPLETING A P.O.	O.S.T. RESERVE	ACADEI	MY/L	.EVEL	I OR II	;		
		YES	()	N	10 ()		
PLEASE READ STATE	MENT PRIOR	TO SIG	SNIN	G				
I authorize the employers and/or educational institut	tions identified i	in this e	emplo	oymen				
any information they have concerning my employmen	nt or education,	to the S	San F	rancis	co Po	lice D	epartme	ent.
I certify that all statements made by me in this appl knowledge and belief, and are made in good faith. material facts will cause forfeiture of my rights to emp	I understand a	and agr	ee m	nisstate	ement	s or c	mission	

NAMES OF COLLEGES/U	NIVERSITY	DATES ATTENDED	, ;	COURSE OF STUDY / MAJOR	CERTIFICATE GRANTED	UNITS COMPLETED		
OTHER SCHOOLS/TRAINING	G ATTENDED							
EMPLOYMENT: The following section most in the following section most in the following section most in the following section most be attached but it may not be	recent experience ence will be acce	 List each proposed if job relate 	omotion s ed. A res	eparately. Use a sume or other sup	dditionally sheet	s if necessar		
Dates of employment		Name and	Position:					
From:			Job Des	scription:				
To: Reason for Leaving:								
	Hrs. per week	Final Salary						
From:			Position	n:				
To:			Job Des	scription:				
Reason for Leaving:								
	Hrs. per week	Final Salary						
From:				n:				
To: Reason for Leaving:				scription:				
	Hrs. per week	Final Salary						
From:			Position	n:				
То:			Job Des	scription:				
Reason for Leaving:								
	Hrs. per week	Final Salary						
COMMENT SECTION: Please list any and all inform listed above. Use additional s	nation that needs a	n explanation. I	Information	n provided will be u	sed to evaluate a	nd verify do		
ETHNIC BACKGROUND: T	his information is umployment.	sed only for Affin	mative Ac	tion efforts. It will no	ot be used as a ba	sis for		