

Application for Police Commission Hearing Examiner



Applicant Information

Full Name	
Driver's License #	Issuing State
Address	Mailing Address(if same, write N/A)
City, State ZIP	City, State ZIP
Council District #	
Phone #	Email
Date of Birth	Place of Birth
U.S. Citizen? Yes _____ No _____	Naturalized Citizen? Yes _____ No _____
Naturalization #	Date of Naturalization
City and State of Naturalization	
Military Service Branch	Serial #
Dates of Service	Rank

Educational Background

(Example: Name of Institution / City, State / Dates Attended / Major / Degree)

Organizations and Memberships

Professional / Fraternal / Union memberships

Other Affiliations (i.e. civic groups)

Employment History

Present or Last Employer

Business Address

City, State ZIP

Business Phone #

Position/Title:

Former California Penal Code 832.1 Peace Officer? Yes _____ No _____

Date of Separation

Agency

During your employment have you had a sustained allegation of misconduct that would impact your ability to act impartially as a hearing examiner? If yes, please explain the circumstances/outcome:

Have you ever been arrested by a member of the Los Angeles Police Department or any other law enforcement agency? If yes, please explain the circumstances:

Criminal Convictions: Yes _____ No _____

If yes, please explain the charge(s):

Date	Jurisdiction
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Do you currently have relatives or close personal friends who work in the Los Angeles Police Department or other law enforcement agencies? Yes _____ No _____

If yes, please explain relationship:

Have you ever filed a complaint against a member of the Los Angeles Police Department or other law enforcement agency?

If yes, please explain circumstances/outcome:

Have you, or to your knowledge, your employer, ever sued the City of Los Angeles, the Los Angeles Police Department or another law enforcement agency? Yes _____ No _____

If yes, please explain circumstances/outcome:

The City of Los Angeles is an Equal Employment Opportunity Affirmative Action Employer. Voluntary information is requested to monitor the effectiveness of the Equal Employment Opportunity Program.

NOTE: Applicants are not required to disclose this information; such disclosure shall be considered voluntary

Sex: Male Female Non-Binary

Ethnic Group/Race: Black (1) Hispanic (2)
 Asian/Pacific Islander (3) Caucasian (4)
 American Indian (5) Other (6)
 Filipino (7)

I hereby grant permission to the City of Los Angeles to confidentially verify statements contained in this application.

Signature

Date