



LODI POLICE DEPARTMENT'S PARTNERS VOLUNTEER PROGRAM APPLICATION



IMPORTANT:

1. Please complete this application form only if you meet the requirements of the position as described in the job announcement.
2. Applications are subject to disqualification if not signed and completed fully.
3. Using block lettering, please handprints this application in blue or black ink.
4. All information is subject to verification.

PERSONAL INFORMATION:

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Date of Birth (DOB): _____ Hair: _____ Eyes: _____ Height: _____

Gender: _____ Social Security #: _____

Driver's License #: _____ Class: _____ State: _____

U.S. Citizen: Yes No or Legal Citizen: Yes No

Place of Birth: _____

In case of an emergency, who should be contacted?

Name: _____ Telephone: _____

Relationship: _____

Address: _____

Are you related to any City of Lodi employee? Yes No

If yes, provide their name and relationship below.

Name: _____ Department: _____ Relationship: _____

Name: _____ Department: _____ Relationship: _____

EDUCATION INFORMATION:

Graduated from high school: Yes No Highest College degree: _____

Languages spoken other than English: _____

WORK EXPERIENCE:

Do not indicate "See Resume". List all jobs in the last five years. Be specific in describing these jobs (paid or volunteer). Be sure to list each change in title or promotion separately. If qualifying experience is part-time or volunteers, be sure to list the number of hours per week doing the work. You may use additional sheets of paper if necessary. Begin with your present job or most recent job and work backwards.

From: _____ To: _____ Number of Hours per Week: _____

Employer: _____ Telephone: _____

Title of Position: _____ Supervisor: _____

Duties: _____

Reason for leaving (be specific): _____

From: _____ To: _____ Number of Hours per Week: _____

Employer: _____ Telephone: _____

Title of Position: _____ Supervisor: _____

Duties: _____

Reason for leaving (be specific): _____

REFERENCES:

List four (4) personal references (not relatives) whom you have known for at least one year:

Name: _____ Telephone: _____

Relationship: _____

Address: _____

Name: _____ Telephone: _____

Relationship: _____

Address: _____

Name: _____ Telephone: _____

Relationship: _____

Address: _____

Name: _____ Telephone: _____

Relationship: _____

Address: _____

BACKGROUND INFORMATION:

Conviction of a crime is not an automatic disqualification, but an untrue answer WILL be cause for disqualification for service with the Lodi Police Department.

Have you ever been arrested? Yes No

If yes, when, where and provide an explanation: _____

Have you ever applied for any position in law enforcement prior to this? _____

List all traffic citations, excluding parking citation, you have received in the last five (5) years. List the violation , city and date: _____

Has your driver's license ever been suspended, revoked, or restricted in any manner?

Yes No If yes, please give the reason(s) why, when and where: _____

Have you ever been the subject of an investigation by law enforcement by a law enforcement agency or arrested or convicted of any crime? Yes No

If yes, please explain: _____

OTHER INFORMATION:

How did you hear about the PARTNERS program? _____

Why do you want to be a PARTNERS volunteer? _____

How does your spouse or significant feel about you becoming a PARTNERS volunteer? _____

Do you or your spouse or significant other have any concerns about what you will be doing for the PARTNERS Unit? _____

What skills, talents or knowledge can you contribute to better the PARTNERS program? _____

Please include information about yourself, hobbies, community interests, clubs, special skills, etc.: _____

CERTIFICATE OF APPLICANT:

If accepted as a PARTNERS Unit Volunteer, I understand that I have a 12-hour per month, two (2) year commitment to the Lodi Police Department PARTNERS Unit. I understand that CPR and First Aid classes with certificates are recommended, but not mandatory. I have been informed that it is my responsibility to purchase the required uniform of the Lodi Police Department PARTNERS Program. The minimum basic uniform costs are approximately \$250.

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I acknowledge that any false statement or misrepresentations, wither verbal or written, will be cause for disqualification for placement or immediate dismissal. I am aware that a complete background investigation will be required before placement.

Applicant's Signature: _____ Date: _____

RETURN APPLICATION TO:

**PARTNERS Unit
c/o Lodi Police Department
215 W. Elm Street
Lodi, CA 95240**

If you have any questions or concerns, please contact the PARTNERS office at (209) 333-6886.

DEPARTMENT USE ONLY:

First interview date: _____ Comments: _____

Special Considerations: _____

Assigned Background Investigator: _____ Completed Background: _____

Reviewed by: _____ Pass Fail Date: _____