The City of Desert Hot Springs

Supplemental Application for Employment
Police Officer – Lateral/Academy Trained/Academy in Process

This supplemental application is part of your official application packet and offers you the opportunity to fully and clearly explain your training for the position of **Police Officer – Lateral / Academy Trained / Academy in Progress**. Therefore, please complete each section fully. Incomplete, illegible, or vague responses on this supplemental may disqualify you from being considered further for the position. If necessary, you may attach additional sheets of paper in the same format as the supplement.

_____ _____ _____
Last Name First Name Middle Name

_____
Number and Street:

_____ _____ _____
City State Zip Code

_____ _____ _____
Home Phone Business Phone Cell Phone

This supplemental application is designed to allow you to clearly demonstrate that you meet the minimum qualification for this position. You must meet the minimum qualifications in order to be considered in the examination process. Therefore, it is to your best advantage to complete the supplemental application as fully as possible. Please do not leave any item blank. If it is not applicable write N/A.

1) Are you currently employed as a sworn peace officer with a California law enforcement agency?
Yes _____ No _____ If yes, indicate what agency and length of time employed by the agency.

Agency: _____

Dates: From: _____ To: _____

2) Do you currently possess a California Basic POST Certificate? Yes _____ No _____
If yes, PLEASE ATTACH A COPY. If no, are you eligible for a California Basic POST Certificate? _____

3) Are you currently enrolled in an academy? Yes _____ No _____

Which academy? _____ Graduation Date: _____

If no, have you graduated from a California POST approved academy? Yes _____ No _____

Which academy? _____ Graduation Date: _____

I certify that all statements on this supplemental application are true and complete to the best of my knowledge. I hereby authorize the City of Desert Hot Springs to investigate any information contained in this supplemental. I understand false or incomplete statement(s) shall be sufficient cause for disqualification or dismissal.

SIGNATURE _____ Date: _____