



LONG BEACH POLICE DEPARTMENT INTERNSHIP APPLICATION

Date: _____

1. Full Name: _____ Sex: _____
Last First Middle Male Female

2. Present Address: _____
Street City Zip Code

Home: (____) _____ Cell: (____) _____ e-mail: _____

3. Social Security # _____ CA Driver License # _____ Exp. Date: _____

4. Height: _____ Weight: _____ Age: _____ Color Hair: _____ Color Eyes: _____

Date of Birth: _____ Place of Birth: _____ U.S. Citizen? _____

5. Describe any physical defects or disabilities you have (to your knowledge), including deficiencies in vision and hearing: _____

6. Have you ever had an operator's license in another state? _____ If "yes", give name of State and Operator's License Number: _____

7. Vehicle Description: Year: _____ Make: _____ Model: _____ Color: _____

8. Education: (Please complete chart below)

| EDUCATION | Name of School | Address | From | To | Subjects | Degree/ Certificate |
|-------------|----------------|---------|------|----|----------|------------------------|
| High School | | | | | | |
| College | | | | | | |
| Other | | | | | | |

9. **EMPLOYMENT:** List chronologically all places of employment (present position first) including employment while attending school and during summer school vacations. Use additional paper if needed.

| Name, Address and Telephone Number of Employer | From: To: | Highest Salary | Position, Duties/Responsibilities | Name of Supervisor | Why did you leave? |
|--|--------------|----------------|-----------------------------------|--------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

10. **MILITARY RECORD:**

A. Have you ever served in the Armed Forces of the U. S.? _____

B. Branch: _____ C. Date of Services: _____

D. Serial Number: _____ E. Type of Discharge: _____

F. Have you ever received a Court Marshall or an Article 15? _____ If so, explain: _____

G. Highest Rank Obtained: _____ H. Register for Selective Service? _____

Board's Complete Address: _____

Classification: _____ Selective Service # _____

11. **REFERENCE:** List three (3) references, other than relatives or past employers, who know you well enough to give information about you.

| Name | Complete Address and Phone number | Years known |
|------|-----------------------------------|-------------|
| | | |
| | | |
| | | |

12. Have you had any serious illness or operations in the past five years? _____ If yes, please describe nature of illness: _____

13. Do you have any disability? _____ If yes, nature of disability: _____

14. Have you ever been arrested, or held by police, at any time during your lifetime? _____ If yes, please complete chart below (use additional paper if needed).

| Date: | Place: | Charge/Violation: | Disposition: |
|-------|--------|-------------------|--------------|
| | | | |
| | | | |
| | | | |

15. Have you ever been convicted of a crime under another name? _____ If yes, please explain: _____

16. Has any member of your immediate family ever been arrested for any crime other than minor traffic violation? _____ If yes, please explain who, the offense, location, date: _____

17. Have you ever been in a reformatory (State or private) or any other corrective institution, including alcoholic treatment? _____ If yes, explain: _____

18. Have you ever been treated for a mental or nervous disorder? _____ If yes, please explain: _____

19. Were you ever dismissed from a school or any disciplinary action (including scholastic probation) ever taken against you during your scholastic career? _____ If yes, please explain: _____

20. Have you ever been a defendant in a court action? _____ If yes, give date, place, court, names of persons involved, nature of action, and disposition: _____

21. List all your places of residence (Begin with the present address):

| From: | To: | Complete Address: |
|-------|-----|-------------------|
| | | |
| | | |
| | | |

22. Marital Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

23. SPOUSE GENERAL INFORMATION:

Name of spouse: _____ Employed by: _____

Date of birth: _____ U.S. Citizen? _____ Date of marriage? _____ Place: _____

24. FOREIGN LANGUAGES: Indicate your proficiency in each phase as "Fluent", "Good", or "Slight".

| Language | Speak | Understand | Read | Write |
|----------|-------|------------|------|-------|
| | | | | |
| | | | | |
| | | | | |

I agree to the conditions as stated above and I do hereby certify that all statements made by me on this application are true and complete to the best of my knowledge:

Signature

Date