



City of Anderson Criminal Justice Student Sponsorship Program Application



Application must be typed or printed and signed in black or dark blue ink.

Name _____
Last First Middle

Address _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone No.: _____ Cell Phone No.: _____ Daytime Phone No. _____
Area Code/ Number Area Code/Number Area Code/Number

Email Address: _____

SPECIAL QUESTIONS

Will you be 21 years of age, or older, at the time of graduation from the academy? _____ Yes _____ No

Do you possess a valid California Driver's License? _____ Yes _____ No

Do you have any relatives working for the City of Anderson? _____ Yes _____ No
(List names, relationship – and department below.)

Have you ever used another name? /or/ is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain.

Are you scheduled to attend a P.O.S.T. Academy? _____ Yes _____ No

Have you ever attended P.O.S.T. academy? _____ Yes _____ No
if yes, when and where? _____

Have you served in the U.S. Military? _____ Yes _____ No

- If selected you will be fingerprinted to determine criminal background.
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Submit completed applications to: City of Anderson, 1887 Howard Street, Anderson, CA 96007

PERSONAL REFERENCES

List names of persons willing to provide professional and/or character references for you.

	Name	Business	Phone Number	Years Acquainted
1.				
2.				
3.				

EDUCATION AND WORK HISTORY

To be considered for this sponsorship program we need to have some preliminary information on your education and work history. Please fill out the information requested below:

EDUCATION

	Name and Location of School	Graduated	Degree	Subjects Studied
High School		Yes/No Year		
College		Yes/No Year		
Other (specify) Business, Trade, etc.		Yes/No Year		

Subjects of Special Study or Research Work

WORK HISTORY

Please list below all present and past employment FOR THE LAST 10 YEARS beginning with your most recent.

Dates Employed From To	Job Title: Responsibilities:	Employer: Address: City/State/Zip: Supervisor's Name: Phone Number: Reason for Leaving:
Last Salary \$		
Dates Employed From To	Job Title: Responsibilities:	Employer: Address: City/State/Zip: Supervisor's Name: Phone Number: Reason for Leaving:
Last Salary \$		
Dates Employed From To	Job Title: Responsibilities:	Employer: Address: City/State/Zip: Supervisor's Name: Phone Number: Reason for Leaving:
Last Salary \$		
Dates Employed From To	Job Title: Responsibilities:	Employer: Address: City/State/Zip: Supervisor's Name: Phone Number: Reason for Leaving:
Last Salary \$		

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree that misstatements or omission of material facts herein may result in disqualification. You are hereby authorized to make any investigation of my prior education and work history.

Date

Applicant's Signature

The City of Anderson is an equal employment opportunity employer and does not discriminate with regard to race, age, color, sex, religion, national origin or disability. The City of Anderson will make reasonable accommodations upon request to applicants with disabilities.

PLEASE COMPLETE THE FOLLOWING:

How did you find out about this job? (Check one or more.)

1. ☐ Newspaper or Magazine advertisement (Specify which) _____
 2. ☐ A job announcement posted at (Specify where) _____
 3. ☐ A Notification card filed with the Personnel Department
 4. ☐ Other (Specify) _____
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The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. This form will be detached and will be kept separate and confidential.

Do you have a disability? Yes _____ No _____

☐ Hearing	☐ Vision Impairment
☐ Speech	☐ Mobility
☐ Mental	☐ Learning
☐ Other _____	

Sex: Male _____ Female _____	Age: 17 & under _____ 18-24 _____ 25-39 _____
	40-54 _____ 55-64 _____ Over 65 _____

Please select one:

Ethnicity Category: ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Please select one:

Race Category: ☐ American Indian or Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian or Other Pacific Islander
☐ White/Caucasian
☐ Two or more races

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250.

Applicant's Signature