



FAIRFIELD POLICE DEPARTMENT

VOLUNTEERS IN POLICE SERVICE

APPLICATION



1. Your Name: \_\_\_\_\_

LastFirstM.I.

2. Mailing Address: \_\_\_\_\_

StreetApt. #.

\_\_\_\_\_

CityStateZip

3. Cell Phone: (\_\_\_\_) \_\_\_\_\_ ☐ Home ☐ Business Phone: (\_\_\_\_) \_\_\_\_\_

4. Social Security #: \_\_\_\_\_ CA Driver's License or ID Card #: \_\_\_\_\_

Please attach a copy of your CA driver's license or ID card.

PLEASE PRINT CLEARLY IN BLACK PRINT OR TYPE. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.

If "YES" to any of the questions (A) through (H) below, please explain under "REMARKS" below. A "YES" answer to any of the questions will not automatically disqualify this application from further consideration. Falsified answers may result in disqualification or dismissal.

	YES	NO
A. Have you ever worked for the City of Fairfield? If yes, give dates, positions, and departments.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever applied with the City of Fairfield? If yes, what positions and dates?	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you have any relatives employed by the City of Fairfield? If yes, give name, relationship, and dept.	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever used another name on employment or education records?	<input type="checkbox"/>	<input type="checkbox"/>
E. Within the past five years have you ever been discharged or forced to resign from any position because of Misconduct or unsatisfactory performance? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
F. Is there any situation that you know of which may impair your ability to do this job or would adversely impair the safety of yourself or others in the course of performing your duties?	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you received any citations for moving violations (reckless driving, driving under the influence, etc.) in the last three years or had your license revoked or suspended? If yes, list all violations, revocations, and/or suspensions, date received and current status.	<input type="checkbox"/>	<input type="checkbox"/>
H. As an adult, have you ever been convicted (or are currently out on bail or out on your own recognizance pending trial) of a felony or a misdemeanor other than a minor traffic violation? If so, what, when, where and the disposition of case. (A criminal record does not constitute an automatic bar to assignment, but will be considered in terms of the work to be performed.)	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: (use this space to clarify any of the "YES" answers above)

EDUCATION & TRAINING

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA? ☐ OR GED ☐

NAME OF HIGH SCHOOLCITY & STATE

LIST NAMES OF COLLEGES, UNIVERSITIES, OR TRADE SCHOOLS	FROM YEAR	FROM YEAR	MAJOR SUBJECT OR COURSE OF STUDY	UNIT HOURS	LIST DEGREE OR CERTIFICATE RECEIVED

Use this space for listing license or certificate numbers, foreign languages, special skills, etc., and for other courses, training, or education.

Volunteer Assignments

Please Check	Interested	Not Interested		Interested	Not Interested
Records – Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Unit/ Control	<input type="checkbox"/>	<input type="checkbox"/>
Community Events	<input type="checkbox"/>	<input type="checkbox"/>	Investigations	<input type="checkbox"/>	<input type="checkbox"/>
Outreach – flyer distribution	<input type="checkbox"/>	<input type="checkbox"/>	School Support	<input type="checkbox"/>	<input type="checkbox"/>
Language Translation	<input type="checkbox"/>	<input type="checkbox"/>	Crime Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Office Support	<input type="checkbox"/>	<input type="checkbox"/>	Patrol Support	<input type="checkbox"/>	<input type="checkbox"/>

RETURN COMPLETED APPLICATION TO FAIRFIELD POLICE DEPARTMENT

1000 Webster Street, Fairfield, CA 94533 (707) 428-7789

Or email your application to: imartin@fairfield.ca.gov

EXPERIENCE

List all positions you have held in the past five (5) years. If you have been retired for more than 5 years, please list you last place of employment. Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. It is critical that you provide complete information. List each change of title or promotion separately. Start with your present or most recent position and work backwards. If you need more space, attach additional sheets using the same format. Be sure to sign and date attached sheets.

MONTH/YEAR		NAME OF FORMER EMPLOYER	YOUR TITLE	NO. OF EMPLOYEES SUPERVISED
FROM				
TO		ADDRESS	DUTIES:	
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE & ZIP CODE		
IMMEDIATE SUPERVISOR'S NAME & TITLE				
TYPE OF BUSINESS		REASON FOR LEAVING		

MONTH/YEAR		NAME OF FORMER EMPLOYER	YOUR TITLE	NO. OF EMPLOYEES SUPERVISED
FROM				
TO		ADDRESS	DUTIES:	
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE & ZIP CODE		
IMMEDIATE SUPERVISOR'S NAME & TITLE				
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FROM				
TO		ADDRESS	DUTIES:	
TOTAL MOS. WORKED	HRS. PER WEEK	CITY, STATE & ZIP CODE		
IMMEDIATE SUPERVISOR'S NAME & TITLE				
TYPE OF BUSINESS		REASON FOR LEAVING		

List any additional experience / information which might be useful as a volunteer with the Fairfield Police Department

AGREEMENT: READ CAREFULLY BEFORE SIGNING

I certify that all statements made in this application are true and complete and I authorize investigation of all matters herein contained. I agree and understand that any misrepresentation or omission of a fact may result in rejection of my application and/or dismissal from employment with the City of Fairfield. I agree to complete a Personal History Statement (PHS) if I am granted a volunteer position following an interview. I further agree to be fingerprinted and to furnish proof of age, identity, and legal right to work in the United States, as may be directed. I also authorize the employers, schools and persons named above to provide additional information regarding my qualifications and character. I hereby release said employers, schools, or persons from all liability for any damage for issuing this information, whether or not I agree with the information furnished. I fully understand that this application does not constitute an expressed or implied contract and that any appointment resulting herein represents volunteer work at will.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_