



September 30, 2015

## **CRIMINAL JUSTICE STUDENT SPONSORSHIP PROGRAM**

The City of Anderson is seeking applicants to participate in a new program to provide qualified individuals with the opportunity to attend a P.O.S.T. Basic Police Officer Training Academy and future employment with the City of Anderson.

Applicants must be available to attend a 23-week P.O.S.T. Basic Police Officer Training Academy designed to provide a comprehensive overview of the criminal justice system and specialized training in various laws, police practices and procedures, law enforcement techniques, first aid and physical conditioning; Must be 21 or older at time of graduation from the Police Academy; Must meet, or exceed the following qualifications – Possess a High School Diploma/G.E.D., a valid California Driver's License and a satisfactory driving record. U.S. Citizenship is mandatory.

Upon graduation from the P.O.S.T. academy, sponsored individuals will have priority consideration for employment with the City of Anderson upon satisfactory completion of an extensive background investigation, which includes a polygraph test, physical examination/drug screening and an administrative review.

This is a sponsorship program to assist the criminal justice student in recruiting and training to become a potential Police Officer. This is not an employment contract.

Applicants interested in becoming a Police Officer that have not yet attended a P.O.S.T. training academy, and meet the requirements noted above, should submit a Sponsorship Application to: City of Anderson, Personnel Department, 1887 Howard Street, Anderson, CA 96007. Applications are available on the City's website at [www.ci.anderson.ca.us](http://www.ci.anderson.ca.us). For further information, contact Juanita Barnett, City Clerk at (530) 378-6646.



# 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 an where? \_\_\_\_\_

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

- If selected you will be fingerprinted to determine criminal background.

Submit completed applications to: City of Anderson, 1887 Howard Street, Anderson, CA 96007

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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. _____	_____	_____	_____

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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:

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EDUCATION

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

Subjects of Special Study or Research Work

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**WORK HISTORY**

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

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

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.**

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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) \_\_\_\_\_
- 

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 \_\_\_\_\_

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Hearing     | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Speech      | <input type="checkbox"/> Mobility          |
| <input type="checkbox"/> Mental      | <input type="checkbox"/> Learning          |
| <input type="checkbox"/> Other _____ |  |
- 

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Age: 17 & under \_\_\_\_\_ 18-24 \_\_\_\_\_ 25-39 \_\_\_\_\_  
40-54 \_\_\_\_\_ 55-64 \_\_\_\_\_ Over 65 \_\_\_\_\_

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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