



**MAYOR ERIC GARCETTI  
MAYOR'S VOLUNTEER BUREAU**

**VOLUNTEER / INTERN  
APPLICATION / ENROLLMENT FORM**

Today's Date: \_\_\_\_\_ City Department/ Council Office: \_\_\_\_\_  
 Assignment Start Date: \_\_\_\_\_ Assignment End Date: \_\_\_\_\_  
 Assignment Location: \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle Initial

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Phone Work Phone

( ) \_\_\_\_\_  
 Cell Phone

E-mail Address: \_\_\_\_\_

Are you bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language:

\_\_\_\_\_  
 Speak Read Write

Do you need a job related accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSIGNMENT**

\_\_\_\_\_  
 Major Responsibilities

Department \_\_\_\_\_ Division \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Mailstop \_\_\_\_\_

Fill in the days and times you are available to volunteer:

Mon \_\_\_ - \_\_\_ Tue \_\_\_ - \_\_\_ Wed \_\_\_ - \_\_\_ Thu \_\_\_ - \_\_\_ Fri \_\_\_ - \_\_\_

Sat \_\_\_ - \_\_\_ Sun \_\_\_ - \_\_\_

Is this satisfying an internship for school purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES**

Name \_\_\_\_\_ Relation \_\_\_\_\_

( \_\_\_\_\_ )  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

( \_\_\_\_\_ )  
Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, person to contact should be:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**BACKGROUND INFORMATION**

Your application is subject to a complete background review, including a review of any criminal convictions. Disqualification may result from factors considered in the review. Factors such as the relationship between the offense and the job for which you apply will be take into account.

**NOTE:** This information will be kept confidential.

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License/I.D.# \_\_\_\_\_

State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations?    Yes        No

Are you currently on probation, parole, or awaiting trial? \_\_\_\_\_

**STATISTICAL INFORMATION (OPTIONAL)**

Age Group:            13-18            19-39            40-69            70+

Sex:                    Female            Male

Ethnic Group:        African-American        Hispanic            Native American

                          Caucasian            Asian            Other \_\_\_\_\_

I declare under penalty of perjury that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be cause for disqualification.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

If under 18 years of age must have Parent or Guardian consent:

\_\_\_\_\_  
Parent/Guardian signature of consent

\_\_\_\_\_  
Date

**NOTE:**

Please include and keep a COPY of applicants  
identification (ID, Driver's License, Passport, School ID, etc)

ITEM	ISSUE DATE	RETURN DATE*
BOE ID Card		
TAP Card		

*\*To be completed by ADM. Intern/Volunteer must report to ADM on their Last Day of Work.*

CITY OF LOS ANGELES  
DEPARTMENT OF PUBLIC WORKS  
OFFICE OF MANAGEMENT EMPLOYEE SERVICES

APPOINTMENT BEFORE RECEIVING BACKGROUND CLEARANCE

I understand that my appointment to a position in the Department of Public Works is subject to a background review by the Office of Management Employee Services of the Department of Public Works. I understand the Department will receive fingerprint results and/or arrests and convictions results from the State of California within approximately sixty (60) days. Should the results from the review indicate that my background does not meet the Department's minimum standards, I understand that my appointment may be terminated. I understand that false, misleading or incomplete information on my employment and background application will be disqualifying and shall be sufficient cause for discharge. I have carefully reviewed my statements on both my employment and Public Works background applications; both applications are a complete and accurate representation of my background.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name

I have reviewed and approved the hiring of this candidate prior to the completion of the background review. I will ensure that this employee receives appropriate close supervision until the background review is completed. I will also take immediate and appropriate action if the employee's background review results do not meet the standards of employment of the Department of Public Works.

\_\_\_\_\_  
Bureau Director/Deputy City Engineer

\_\_\_\_\_  
Date

## DEPARTMENT OF PUBLIC WORKS BACKGROUND APPLICATION INSTRUCTION SHEET

PLEASE NOTE: THIS FORM IS TO BE COMPLETED BY CANDIDATES FOR PUBLIC WORKS EMPLOYMENT ONLY AFTER THEY HAVE ACCEPTED A TENTATIVE JOB OFFER.

### INSTRUCTIONS TO CANDIDATES:

1. PLEASE COMPLETE ENTIRE FORM. USE BLACK OR BLUE INK. INCOMPLETE AND/OR FORMS FILLED OUT IN PENCIL WILL NOT BE ACCEPTED AND WILL CAUSE DELAY IN PROCESSING YOUR BACKGROUND CHECK.
2. QUESTIONS 1, 2, AND 3 REQUIRE YOU TO WRITE IN YOUR INITIALS AFTER ANSWERING "YES" OR "NO" TO EACH QUESTION. QUESTIONS LEFT BLANK OR MISSING INITIALS WILL CAUSE DELAYS AS FORMS WILL NOT BE ACCEPTED.
1. COMPLETED FORM MUST BE SUBMITTED WITHIN 3 DAYS OF ACCEPTING A TENTATIVE JOB OFFER.  
YOUR FAILURE TO SUBMIT THE FORM WITHIN THE 3 DAYS MAY RESULT IN DELAYS IN YOUR START DATE.

COMPLETED FORMS ARE TO BE SUBMITTED IN PERSON, BY FAX, OR BY E-MAIL TO:

PERSONNEL DEPARTMENT  
LIAISON SERVICES BUREAU- SERVICE AREA 1  
ROOM 1805, CITY HALL  
200 N. SPRING STREET, LOS ANGELES, CA 90012  
FAX: (213) 978-1813

E-MAIL TO: [BPW.MESBACKGROUNDS@LACITY.ORG](mailto:BPW.MESBACKGROUNDS@LACITY.ORG) (if submitted by email, form must be scanned in order to review mandatory initials/signatures.)

Additional space reserved to answer questions on background application form, if needed.

**CITY OF LOS ANGELES  
DEPARTMENT OF PUBLIC WORKS BACKGROUND APPLICATION**

**SEE REVERSE FOR  
INSTRUCTIONS**

Job Offered: \_\_\_\_\_ Bureau Making Offer: \_\_\_\_\_ Date of Job Offer: \_\_\_\_\_

Welcome to the Department of Public Works Preliminary Background Application. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. A thorough background investigation is part of the screening process that the Department of Public Works uses to ensure that individuals hired are worthy of the trust and authority vested in them. This application is a part of that process. Please read the following questions carefully and answer them as fully and accurately as you can. The information you provide will be checked with other sources and with other employers. You may be disqualified if it is determined that the information you have supplied is inaccurate or incomplete. ALL JOB OFFERS ARE TENTATIVE UNTIL CANDIDATES CLEAR BACKGROUND.

**GENERAL INFORMATION (Fill in all fields.)**

Last Name:		First Name:		M.I.	SSN
Street address:			Work Phone Number (e.g. 213-555-1212):		
Street address, line 2 (optional):			Home phone Number (e.g. 213-555-1212):		
City, State, Zip Code			Birth Date (format: mm/dd/yyyy):		
Driver License:	License Issuing State:	Expiration Date (format: 11/td/yyyy e.g. 07/21/1999):			

**TERMINATION AND CONVICTION INFORMATION (You must answer all questions and initial).**

Have you previously worked for the city of Los Angeles? If "yes", please complete the following  
**YOU ARE REQUIRED TO CHECK "YES" OR "NO" AND WRITE IN YOUR INITIALS.**  
 YES  NO Initial \_\_\_\_\_

1. From/To: \_\_\_\_\_ Depart./Class Title: \_\_\_\_\_  
 From/To: \_\_\_\_\_ Depart./Class Title: \_\_\_\_\_

2. Have you ever been terminated from any job or resigned to avoid termination? If yes, complete the following (list all cases except layoffs for lack of work.):  
 YES  NO Initial \_\_\_\_\_  
 Employer's Name and Address: \_\_\_\_\_  
 Date and reason for discharge: \_\_\_\_\_

3. Have you ever been CONVICTED of a MISDEMEANOR or FELONY other than minor traffic violations and/or placed on probation, fined or given a suspended sentence in court?  
 YES  NO Initial \_\_\_\_\_  
 If "YES", list all convictions; attach additional sheets if necessary.  
 (City Penal code if known.) Include any convictions by military trial and any criminal charges for which you are awaiting trial. List all cases other than minor traffic violations. Your fingerprints will be sent to State and Federal agencies and all offers of employment or continued employment will be subject to satisfactory review of any criminal convictions. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s), as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION. Promotional applicants are not required to list misdemeanor convictions occurring prior to original appointment, if employed by the City for at least one year. However, you must still answer "yes", and list any felony conviction(s), regardless of when they occurred.

Offense: _____	Conviction Date: _____
Location: _____	Fine or Sentence: _____
Offense: _____	Conviction Date: _____
Location: _____	Fine or Sentence: _____

**WORK EXPERIENCE (list most recent employment)**

DATES	EMPLOYER	Job Title
Month and Year	Name of current or last employer: _____	Your Title: _____
From:	Address: _____	Reason for Leaving: _____
To:	Supervisor's Name/Phone #: _____	
DATES	EMPLOYER	Job Title
Month and Year	Name of current or last employer: _____	Your Title: _____
From:	Address: _____	Reason for Leaving: _____
To:	Supervisor's Name/Phone #: _____	

**READ AND SIGN/DATE BELOW**

I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for discipline or dismissal and other penalties as may be prescribed by law.

Signature: (original in ink; pencil; or photocopy not accepted)	For Personnel use	12/12/2012
Date:	<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	Signature _____ Date _____

DB \_\_\_\_\_ PERSONNEL \_\_\_\_\_ FP \_\_\_\_\_ NEO \_\_\_\_\_



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

#### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

#### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

