



**CERTIFICATIONS**

Please read the following statements carefully and check the applicable box.

<p>If hired, can you provide proof of authorization to work in the United States?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Based upon the job description, can you perform the essential functions of the position, either without any accommodations or with reasonable accommodations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>May we contact your current and/or past employers? <i>(This will only be done at the final stage of the selection process.)</i>  <i>If not, please explain:</i> _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been employed by the City of San Gabriel?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have any relatives employed by the City of San Gabriel?  <i>If yes, please state names:</i> _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been discharged, released from a probationary period, or forced to resign in lieu of being terminated?  <i>If so, please explain:</i> _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you authorize the investigation of all statements contained in this application (and accompanying materials, if any)? Do you further authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations to give the City of San Gabriel and/or an outside agency any and all information they may have, personal or otherwise? Do you agree to release all parties from all liability for any damage to you that may result from furnishing information and opinion?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you agree that, if hired, you may not hold other employment or engage in other activities that create a conflict of interest with my position with the City, unless given permission in writing by the City?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you become employed, in consideration of your employment, do you agree to conform to the rules and regulations of the City?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you declare under penalty of perjury that the facts contained in this application are true and complete to the best of your knowledge? Do you understand that any false information or omissions will disqualify you from further consideration for employment and will be justification for your dismissal from employment, if discovered at a later date?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Signature \_\_\_\_\_

Date \_\_\_\_\_



Human Resources Office  
 City of San Gabriel  
 425 S. Mission Drive  
 San Gabriel, CA 91776  
 (626) 308-2802 Phone

## SUPPLEMENTAL APPLICATION

**Instructions:** Please fill out ALL items completely and accurately. Failure to respond to all questions on this application form may result in disqualification. This application must be submitted in hard copy, with an original "wet" signature at the end. Faxed and/or emailed versions are not acceptable. The City will not deny employment to any applicant solely because the person has been convicted of a crime. The City, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position. All statements are subject to verification; an incorrect statement may bar you from employment.

Title of Position Applying For: Police Explorer

Name: \_\_\_\_\_  
Last First Middle

Email: \_\_\_\_\_

Are you currently out on bail or on your own recognizance pending trial of a criminal matter?  Yes  No

Have you ever been **convicted**, including a plea of guilty or no contest, of a crime?  Yes  No

*If YES, briefly describe below the nature of the crime(s), the date and place where the conviction(s) occurred and the case number and legal disposition of the case(s). If additional space is needed, use a separate sheet prepared in the same format and attach securely.*

- When completing this section, please exclude the following:*
- Convictions for certain misdemeanor marijuana-related offenses if the convictions are more than two years old;
  - Participation in a pretrial or post-trial diversion program;
  - Traffic citations;
  - Convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated;
  - Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; and/or
  - Any arrest for which a pretrial diversion program has been successfully completed.

Nature of Crime	Date	Place	Case Number/Legal Disposition

**APPLICANT CERTIFICATION (read carefully before signing):**

I hereby certify that all statements contained herein are true, correct and complete to the best of my knowledge. I understand that misstatements of material facts may disqualify me from employment with the City of San Gabriel. I understand that the City of San Gabriel may wish to verify the accuracy of the information contained in my application. If I am a finalist for this position, I authorize the City of San Gabriel to obtain information regarding my references, education or training, prior employment, and criminal history. I understand that an offer of employment is contingent upon the successful completion of a background investigation and physical examination including drug and alcohol testing.

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



# SAN GABRIEL POLICE DEPARTMENT



## POLICE EXPLORER PROGRAM

### APPLICATION & SCREENING QUESTIONNAIRE

**Instructions:** Accurately & honestly complete the entire application, neatly in all capital letters. Include all area and zip codes, apartment and space numbers, if applicable. Any false statement and/or omission of any information on this application will be grounds for disqualification. A criminal background check will be conducted, including being Live-Scan fingerprinted. Submission of this application is not guarantee of acceptance. Police Explorers are NOT compensated, and are NOT considered employees of the SGPD. Police Explorers are youth volunteers and serve at the discretion of the SGPD and its representatives.

#### PERSONAL INFORMATION

Last Name:		First Name:			Middle Name:		Suffix:
Sex:	Race:	Height:	Weight:	Hair Color:	Eye Color:	Date of Birth:	Age:
California ID Card #:				Student ID Card #:			

What social media sites are you on? (ie: Facebook, Instagram) \_\_\_\_\_

What is your e-mail address? \_\_\_\_\_

Home Telephone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

#### BACKGROUND SCREENING INFORMATION

Have you ever been arrested? [ ] Yes [ ] No

If yes, when, where, and what charge? \_\_\_\_\_

Are you currently on probation? [ ] Yes [ ] No

If yes, for what charge? \_\_\_\_\_

Have you ever received a citation? [ ] Yes [ ] No

If yes, when and what charge? \_\_\_\_\_

Have you ever knowingly used recreational drugs? (Ex. Marijuana, Ecstasy, Bath Salts, etc.) [ ] Yes [ ] No

If yes, what? \_\_\_\_\_ When was the last time? \_\_\_\_\_

Have you ever knowingly ingested (used) prescription drugs, not prescribed to you? [ ] Yes [ ] No

If yes, what? \_\_\_\_\_ When was the last time? \_\_\_\_\_

Have you ever knowingly consumed alcoholic beverages? [ ] Yes [ ] No

If yes, what? \_\_\_\_\_ When was the last time? \_\_\_\_\_

Do you have any tattoos? [ ] Yes [ ] No

If yes, where is it/ are they located & what are they of? \_\_\_\_\_

Do you have any gang affiliations? [ ] Yes [ ] No

If yes, who, what is their relation to you, and from what gang? \_\_\_\_\_

**RESIDENCE INFORMATION**

Residence Address:	Apt. #:	City:	State:	Zip Code:	How Long Residing Here?

**VEHICLE INFORMATION**

Do you drive an automobile?  Yes  No

Make:	Model:	Color:	License #:	Registered To:

**EDUCATIONAL INFORMATION**

School Currently Attending:	City:	Grade:
School Last Attended:	City:	Grade:

**EMPLOYMENT INFORMATION**

Current Employer:	Address:	Telephone #:
		( )
Job Title:	Supervisor's Full Name:	
Last Employer:	Address:	Telephone #:
		( )
Job Title:	Supervisor's Full Name:	

Have you ever been terminated from a job?  Yes  No

If yes, when, from where, and why? \_\_\_\_\_

**RELATED INFORMATION**

Have you ever been an Explorer before?  Yes  No Where/ When? \_\_\_\_\_

Have you ever been turned down to become an Explorer before?  Yes  No Where/ When? \_\_\_\_\_

If currently enrolled in school, do you have a GPA of 2.0 or higher?  Yes  No

Can you commit to attending an 18 week basic explorer academy, held every Saturday from 6:30am - 5:00pm? \_\_\_\_\_

**FAMILY**

Fathers/ Guardians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fathers Occupation: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Mothers/ Guardians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mothers Occupation: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Sister(s): (Name and age) \_\_\_\_\_

Brother(s): (Name and age) \_\_\_\_\_

Closest Relative Not Living With You: \_\_\_\_\_ Relation To You: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**HEALTH**

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Co. That Covers You: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Do you suffer from any medical or physical disorder? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you been hospitalized in the last three years? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**\*\*Use and attach additional paper, if needed to explain any of your answers\*\***

I attest that the information provided by me is accurate & complete to the best of my knowledge and recollection. I give my authorization to conduct a thorough background check on me (my child), to include fingerprint and social media inquiries. I understand that any false information provided by me and/or any omission(s) is grounds for disqualification.

\_\_\_\_\_  
Signature of Explorer Applicant

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Date

SAN GABRIEL POLICE EXPLORER PROGRAM

QUESTIONARE

1 GIVE US A BRIEF AUTOBIOGRAPHY.

2 WHY DO YOU WANT TO BE A POLICE EXPLORER?

3 WHAT DO YOU THINK A POLICE EXPLORER'S DUTIES ARE?

SAN GABRIEL POLICE DEPARTMENT

EMPLOYEE STATEMENT FORM

USE OF CRIMINAL JUSTICE INFORMATION AND DEPARTMENT OF MOTOR  
VEHICLE RECORD INFORMATION

As an employee of the San Gabriel Police Department, you may have access to confidential criminal record and/or Department of Motor Vehicle record information which is controlled by statute. Misuse of such information may adversely affect the individual's civil rights in violation of the law. Penal Code Section 502 prescribes the penalties relating to computer crimes. Penal Code Sections 11105 and 13300 identify who has access to criminal history information and under what circumstances it may be released. Penal Code Sections 11140- 11144 and 13301-13305 prescribe penalties for misuse of criminal history information. Government Code Section 6200 prescribes the felony penalties for misuse of public record and CLETS information. Penal Code Sections 11142 and 13303 state:

“Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor.”

California Vehicle Code Section 1808.45 prescribes the penalties relating to misuse of Department of Motor Vehicle record information.

Any employee who is responsible for such misuse is subject to immediate dismissal. Violations of this law may also result in criminal and/or civil action.

I HAVE READ THE ABOVE AND UNDERSTOOD THE POLICY REGARDING MISUSE OF CRIMINAL RECORD INFORMATION AND DEPARTMENT OF MOTOR VEHICLE RECORD INFORMATION.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_



SAN GABRIEL POLICE DEPARTMENT EXPLORER PROGRAM

PARENTAL PERMISSION – WAIVER OF LIABILITY

I, \_\_\_\_\_ hereby give permission for my child/ward:  
\_\_\_\_\_, age \_\_\_\_\_ to participate in the City of San Gabriel Police Explorer Program. Activities of the program include attendance at academy training, weekly meetings, work details in the Police Department, participation in the Youth Safety Run, ride-along excursions with Police Officers, field trips, social gatherings and other activities of similar nature.

In consideration of the participation of my child in these activities, I hereby agree to indemnify and hold harmless the City of San Gabriel, its Chief of Police, its officers, agents, representatives and/or employees from any loss and/or liability, including expenses and costs, that may result from any injuries or death or damage to or loss of property that my child might sustain while participating in such activities whether such death, injury, damage to or loss of property is caused by passive or active negligence, omission or any other cause attributable to the City of San Gabriel, its Chief of Police, its officers, agents, representatives, and/or employees. Neither I, nor my spouse (if married), will make any claim against the City of San Gabriel, its Chief of Police, its officers, agents, representatives or employees, for any injury, damage or loss that my child may sustain by participating in or traveling to these activities.

This parental permission and waiver of liability shall be effective for the duration my child/ward's participation in the program unless written notice of withdrawal of parental permission and waiver of liability is delivered to the San Gabriel Police Explorer Advisor.

Parent/Legal Guardian (print): \_\_\_\_\_

Parent/Legal Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian (print): \_\_\_\_\_

Parent/Legal Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

SAN GABRIEL POLICE DEPARTMENT EXPLORER PROGRAM

WAIVER OF RELEASE OF CLAIMS AND INDEMNITY AGREEMENT CONSENT FOR  
EMERGENCY MEDICAL SERVICES  
(Age 14-17 Yrs.)

In consideration for allowing \_\_\_\_\_ (hereinafter referred to as minor) to participate in the San Gabriel Police Department Explorer Program.

I, \_\_\_\_\_ (parent or legal guardian of minor) acting on behalf of the minor, hereby waive, release, and discharge the City of San Gabriel, the Chief of Police, and officers, agents, servants, employees or officials of the City of San Gabriel or the San Gabriel Police Department for personal injury and/or property damage which may hereinafter occur to the minor as a result of the minor's participation in the San Gabriel Police Department Explorer Program.

The City of San Gabriel, the Chief of Police, officers, agents, servants, employees or officials of the City of San Gabriel or the San Gabriel Police Department, and each of them, shall not be responsible or liable for any injury, damage, loss, or expense to the minor or me, or to my property or the minor's property, incurred while accompanying any member or members of the San Gabriel Police Department during the performance of their official duties whether the damage, loss or expense occurs by reason of negligence, dangerous condition of public property or otherwise.

For myself, my heirs, executors, administrators, I agree to defend, indemnify and hold harmless the City of San Gabriel, the Chief of Police, and officers, agents, servants, employees, or officials of the City of San Gabriel, against any and all manner of action, claims, cause of action, suits, debts, demands of damage or liabilities or expense of any kind and nature incurred or arising by reason of any actual or claimed act or omission of the minor, or injury sustained by minor, while participating in the San Gabriel Police Department's Explorer Program. This includes claims brought by the minor on behalf of the minor.

In the event of sudden illness, accident or injury which may occur while said minor is participating in the San Gabriel Police Department's Explorer Program, and neither the parents, guardian, or designated family physician can be contacted, I hereby give my consent to any physician licensed in the State of California, pursuant to Civil Code Section 25.6, to perform such emergency medical treatment as may be necessary under the circumstances. I authorize any member of the San Gabriel Police Department to give consent on behalf of the minor for such emergency medical treatment, as may be necessary.

I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Parent/Legal Guardian (print): \_\_\_\_\_

Parent/Legal Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian (print): \_\_\_\_\_

Parent/Legal Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

SAN GABRIEL POLICE DEPARTMENT EXPLORER PROGRAM

WAIVER OF RELEASE OF CLAIMS AND INDEMNITY AGREEMENT CONSENT FOR  
EMERGENCY MEDICAL SERVICES  
(Age 18 Yrs. or Older)

In consideration for allowing \_\_\_\_\_ (hereinafter referred to as participant) to participate in the San Gabriel Police Department's Explorer Program.

I, \_\_\_\_\_ (participant) acting on my own behalf, hereby waive, release, and discharge the City of San Gabriel, the Chief of Police, and officers, agents, servants, employees or officials of the City of San Gabriel or the San Gabriel Police Department for personal injury and/or property damage which may hereinafter occur to me as a result of my participation in the San Gabriel Police Department's Explorer Program.

The City of San Gabriel, the Chief of Police, officers, agents, servants, employees or officials of the City of San Gabriel or the San Gabriel Police Department, and each of them, shall not be responsible or liable for any injury, damage, loss, or expense to me, or to my property, incurred while accompanying any member or members of the San Gabriel Police Department during the performance of their official duties whether the damage, loss or expense occurs by reason of negligence, dangerous condition of public property or otherwise.

For myself, my heirs, executors, administrators, I agree to defend, indemnify and hold harmless the City of San Gabriel, the Chief of Police, and officers, agents, servants, employees, or officials of the City of San Gabriel, against any and all manner of action, claims, cause of action, suits, debts, demands of damage or liabilities or expense of any kind and nature incurred or arising by reason of any actual or claimed act or omission of myself, or injury sustained by me, while participating in the San Gabriel Police Department's Explorer Program. This includes claims brought by me or on behalf of me.

In the event of sudden illness, accident or injury which may occur while I am participating in the San Gabriel Police Department's Explorer Program, I hereby give my consent to any physician licensed in the State of California, pursuant to Civil Code Section 25.6, to perform such emergency medical treatment as may be necessary under the circumstances. I authorize any member of the San Gabriel Police Department to give consent on my behalf for such emergency medical treatment, as may be necessary.

I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Participant (print): \_\_\_\_\_

Participant (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

SAN GABRIEL POLICE DEPARTMENT EXPLORER PROGRAM

STATEMENT OF HEALTH OF MINOR PARENT'S EVALUATION  
(Age 14-17 Yrs.)

The purpose of this letter is to allow the minor, \_\_\_\_\_  
to participate in the below listed physical training activities. Physical training is one of the  
components of the San Gabriel Police Department's Explorer Program.

Each participant will be required to perform various calisthenics commonly used by the San  
Gabriel Police Department, including, but not limited to: marching (close order drill), weight  
lifting, circuit training, sit-ups, pull-ups, push-ups, jumping jacks, leg lifts, basic boxing and/or  
basic wrestling, sprinting and jogging (up to 4 miles). All the physical training is monitored by  
the Explorer Program staff. The calisthenics are designed to educate the participant as to the  
importance of physical exercise and maintaining a healthy lifestyle. The Center for Disease  
Control (CDC) has identified obesity in children and teenagers as a major health concern.

In addition, the participant will be subjected to the mental stress of receiving, interpreting, and  
immediately reacting to verbal commands as they relate to physical training and marching drills.  
The participant will occasionally be required to stand at "attention" for varied periods of time  
(not exceeding 10-15 minute intervals).

To the best of my knowledge, the minor is in apparent good health and is physically and  
mentally able to participate in the physical training activities of the Explorer Program, as  
described above. I understand and agree that the minor must receive a written medical clearance  
from a physician prior to being enrolled into the explorer program, and agree that I will provide a  
copy of to the San Gabriel Police Department's Explorer Program.

I hereby represent that I have carefully read, understand and agree with the contents of this  
document and sign the same of my own free will.

Parent/Legal Guardian (print): \_\_\_\_\_

Parent/Legal Guardian (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian (print): \_\_\_\_\_

Parent/Legal Guardian (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

SAN GABRIEL POLICE DEPARTMENT EXPLORER PROGRAM

STATEMENT OF HEALTH PARTICIPANT'S EVALUATION  
(Age 18 Yrs. and older)

The purpose of this letter is to allow the participant, \_\_\_\_\_  
(being 18 years old or older) to participate in the below listed physical training activities.  
Physical training is one of the components of the San Gabriel Police Department's Explorer  
Program.

Each participant will be required to perform various calisthenics commonly used by the San Gabriel Police Department, including, but not limited to: marching (close order drill), weight lifting, circuit training, sit-ups, pull-ups, push-ups, jumping jacks, leg lifts, basic boxing and/or basic wrestling, sprinting and jogging (up to 4 miles). All the physical training is monitored by the Explorer Program staff. The calisthenics are designed to educate the participant as to the importance of physical exercise and maintaining a healthy lifestyle. The Center for Disease Control (CDC) has identified obesity in children and teenagers as a major health concern.

In addition, the participant will be subjected to the mental stress of receiving, interpreting, and immediately reacting to verbal commands as they relate to physical training and marching drills. The participant will occasionally be required to stand at "attention" for varied periods of time (not exceeding 10-15 minute intervals).

To the best of my knowledge, I am in apparent good health and are physically and mentally able to participate in the physical training activities of the Explorer Program, as described above. I understand and agree that I receive a written medical clearance from a physician prior to being enrolled into the explorer program, and agree that I will provide a copy of to the San Gabriel Police Department's Explorer Program.

I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Participant's Name (print): \_\_\_\_\_

Participant's Name (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

SAN GABRIEL POLICE DEPARTMENT EXPLORER PROGRAM

PHOTOGRAPH AND WRITTEN MATERIAL RELEASE

(Age 14-17 Yrs.)

In consideration for allowing \_\_\_\_\_ (hereinafter referred to as minor) to participate in the San Gabriel Police Department's Explorer Program, I, \_\_\_\_\_ (parent or legal guardian of minor) acting on behalf of the minor, hereby give, release, and discharge the City of San Gabriel, the Chief of Police, and officers, agents, servants, employees or officials of the City of San Gabriel, or the San Gabriel Police Department, my written permission to copyright or publish all photographs, films, drawings and written material in which the minor appears in and/or have written while involved in the San Gabriel Police Department's Explorer Program.

I further agree that the San Gabriel Police Department may transfer, use or cause to be used, these photographs, films, drawings, and written material for any and all exhibitions, public display, publications, commercials, art and advertising purposes, without limitations, reservations, or any compensation, other than receipt of which is hereby acknowledged.

I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Parent/Legal Guardian (print): \_\_\_\_\_

Parent/Legal Guardian (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian (print): \_\_\_\_\_

Parent/Legal Guardian (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Minor (print): \_\_\_\_\_

Minor (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

SAN GABRIEL POLICE DEPARTMENT EXPLORER PROGRAM

PHOTOGRAPH AND WRITTEN MATERIAL RELEASE  
(Age 18 Yrs. or older)

In consideration for participating in the San Gabriel Police Department's Explorer Program, I, \_\_\_\_\_ (participant being 18 years old or older), hereby give, release, and discharge the City of San Gabriel, the Chief of Police, and officers, agents, servants, employees or officials of the City of San Gabriel, or the San Gabriel Police Department, my written permission to copyright or publish all photographs, films, drawings and written material in which I appear and/or have written while involved in the San Gabriel Police Department's Explorer Program.

I further agree that the San Gabriel Police Department may transfer, use or cause to be used, these photographs, films, drawings, and written material for any and all exhibitions, public display, publications, commercials, art and advertising purposes, without limitations, reservations, or any compensation, other than receipt of which is hereby acknowledged.

I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Participant (print): \_\_\_\_\_

Participant (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_