



**LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE**  
**BUREAU OF ADMINISTRATIVE SERVICES**

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JACKIE LACEY • District Attorney  
JOHN K. SPILLANE • Chief Deputy District Attorney  
PAMELA BOOTH • Assistant District Attorney

PRISCILLA CRUZ • Director

**WAIVER**

I understand that I must pass a background investigation in order to be considered for appointment in the District Attorney's Office. If I do not pass the background investigation, I understand that I will no longer be considered for appointment.

I understand that if the District Attorney's Office concludes that there is disqualifying information as a result of a background investigation, if there is an offer of employment it will be withdrawn and I will be subject to immediate dismissal. I also understand that if I falsified or omitted required information, or failed to cooperate with reasonable investigations related to my application for this position, the position will be terminated.

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NAME (PLEASE PRINT)

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SIGNATURE

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DATE

**AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for a position with the Office of the District Attorney, I am required to furnish information for use in determining my qualification. In this connection, I authorize you to release all information that you have concerning me, including information of a confidential or privileged nature, and to provide copies of documents as may be required by the District Attorney's background investigator.

I hereby release you, your organization, or others from liability or damage which may result from providing the information requested. This authorization expires 180 days after the date signed.

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NAME (PLEASE PRINT)

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SIGNATURE

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DATE

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211 West Temple Street  
Suite 200  
Los Angeles, CA 90012  
(213) 257-2751

BUREAU	CASE #
OFFICE	POSITION

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**Criminal Record Check Information**

Employees of the Department of the District Attorney have access to confidential information concerning criminal investigations and prosecutions.

The existence of a criminal record may reflect on your suitability as an employee of this department.

Information on this form is necessary to conduct a criminal record check. Falsification or omission of any requested information on this form is cause for rejection of your application for employment.

PLEASE PRINT

						DATE	
LAST NAME		FIRST NAME		MIDDLE NAME			
OTHER NAMES USED: LAST NAME		FIRST NAME		MIDDLE NAME			
CURRENT ADDRESS: (STREET, CITY/STATE, ZIP CODE)					PHONE NO. (    )		
PRIOR ADDRESS: (STREET, CITY/STATE, ZIP CODE)					PHONE NO. (    )		
EMAIL ADDRESS:					CELL NO. (    )		
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH	PLACE OF BIRTH	HAIR	EYES	HEIGHT	WEIGHT
DRIVER'S LICENSE NO.				SOCIAL SECURITY NO. □□□ - □□ - □□□□			
LAST SCHOOL ATTENDED: NAME & ADDRESS							
CURRENT SCHOOL: NAME & ADDRESS							
HAVE YOU EVER BEEN ARRESTED AS AN ADULT? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, LIST ALL ADULT ARRESTS.							
DATE	ARRESTING AGENCY	CASE NO. & CHARGE		DISPOSITION			
_____	_____	_____		_____			
_____	_____	_____		_____			
_____	_____	_____		_____			
FOR EMERGENCY, NOTIFY: NAME			ADDRESS		PHONE NO. (    )		
APPLICATION SIGNATURE					DATE		

**COUNTY OF LOS ANGELES  
CANDIDATE INFORMATION SHEET**

*(PLEASE PRINT IN INK)*

1. Last Name		First Name		Middle Name	2a. Social Security No.								
					2b. Driver License/ID # and Expiration date.								
3. Other Name(s) Used:					4. Do you have a relative currently employed by the County? YES <input type="checkbox"/> NO <input type="checkbox"/>								
5. Residence – Street Address		City		State, Zip Code			If yes, please indicate Name, Relationship and Department below:						
6. Since (date)		7. Telephone No.											
8. Date of Birth	9. Date Residency Established in California:		10. Date Residency Established in Los Angeles County:										
11. In Emergency Notify:			12. Telephone No.										
13a. Street Address			13b. City, State, Zip Code										
14a. Military Service in the Armed Forces of the United States		From	To	14b. Serial No.									
14c. Highest Rank or Rating		14d. Branch		14e. Type of Discharge									
14f. Military Service as a Reservist		From	To										
15. Foreign Languages	CHECK			16. Education Name & Location of School	Last Grade Completed	Date Completed		Major	Degree or Diploma				
	Read	Write	Speak										
	Spanish	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>			Grammar/High School			
	Other									Other			
Other				Other									
17. Professional or Technical Licenses, Permit, etc. (Write state, county or city in which registered/licensed)													
18a. A full disclosure of all convictions is required. Failure to disclose convictions will result in disqualification. Not all convictions constitute an automatic bar to employment. Factors such as age at the time of the offense(s), and the recency of offense(s) will be taken into account, as well as the relationship between the offense(s) and the job for which you are being appointed. However, any applicant or employee for County employment who has been convicted of worker's compensation fraud is automatically barred from employment with the County of Los Angeles (County Code Section 5.12.110). <b>ANY CONVICTIONS OR COURT RECORDS WHICH ARE EXEMPTED BY A VALID COURT DO NOT HAVE TO BE INCLUDED.</b>													
Have you ever been convicted of a misdemeanor or felony in a criminal proceeding or by a military court? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete 18b, 18c, 18d, 18e and 18f.													
18b. Offense or Case Name (Provide Penal or other code section if known)					18c. Case Number								
18d. Conviction/Order Date (Month/Day/Year)					18e. Location of the Court (City & State)								
18f. Sentence or Fine													
19. Have you ever been convicted of a crime under a different name? If so, please provide details.													
20. Have you ever worked for the County of Los Angeles under a different name? If so, please provide details.													
21 For County employment you must be either (a) a citizen of the United States of America, or (b) a registered alien with													

government permission to work in this country. Does either (a) or (b) describe your status as a resident of this Country?

Yes  No

**22. Shifts you are willing to work:**

- A.  Day                  B.  Evening                  C.  Night                  D.  Rotating                  E.  On Call  
 F.  Weekend and Holiday                  G.  Any

23. EMPLOYMENT HISTORY:							
	Begin with present or last experience				Account for past ten years or past ten employers		
From Mo-Yr	To Mo-Yr	Time in Mos.	Position or Occupation	Duties performed in each employment	Wages or Salary	Name and addresses of all former employers including other county depts. As well as private firms	Reason for Leaving

If discharged give details

**24. CERTIFICATION of Applicant:**  
 I certify that all information and statements made in this Candidate Information Sheet (CIS) and on any attachments pertaining thereto are true and complete to the best of my knowledge. I understand that any false information and/or statements of material facts or omissions, may subject me to disqualification or dismissal.

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