HUNTINGTON PARK POLICE DEPARTMENT

6542 Miles Avenue | Huntington Park, California 90255 | (323) 584-6254
www.hppolice.org

POLICE

COMMUNITY ACADEMY

APPLICATION



Community Service Officer Luisana Candelario
(323) 826-6602 • lcandelario@hppolice.org

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APPLICANT INFORMATION

First Name					Last Name		Middle Name		
Sex	Height	Weight	Hair	Eyes	Date of Birth		Driver's license number (if applicable):		
Home Address				Apt/Unit:	City:		State	Zip Code	
Phone Number				Email					
Vehicle Year/Make:	Model:		Color:	License Plate Number/State:		Insurance Information:			
Vehicle Year/Make:	Model:		Color:	License Plate Number/State:		Insurance Information:			

EMPLOYMENT

Occupation:	Business Name:	Phone Number:	
Business Address:	City:	State:	Zip Code:

REFERENCES

Please list only two adult references who can comment on your suitability for our program. References can be teachers, counselors, employers, clergy, etc. Please do not use relatives, must be outside of the household.

Name (Last. First, Middle):	Relationship:	Address:	Phone Number:
Name (Last, First, Middle):	Relationship:	Address:	Phone Number:

EMERGENCY INFORMATION

In case of an emergency, please provide an emergency contact.

Name (Last, First):	Relationship:	Address:	Phone Number:
Name (Last, First):	Relationship:	Address:	Phone Number:
Physician's Name:	Address:	Phone Number:	
Medical Concerns (Allergies, Medications, Special Needs etc.):			

Ok ☐ Rejected ☐

POLICE DEPARTMENT USE ONLY

Date Received:	Interview Date:	Background Date:	Autobiography date:	Advisor	Supervisor

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BACKGROUND INFORMATION

Have you ever been arrested?	Yes ☐	No ☐
Have you ever received a ticket?	Yes ☐	No ☐
Have you ever had the police called on you or had a negative police contact?	Yes ☐	No ☐
Have you ever been under the influence of alcohol?	Yes ☐	No ☐
Have you ever used or possessed any illegal drugs, including marijuana?	Yes ☐	No ☐
Have you ever stolen anything?	Yes ☐	No ☐
Have you ever been involved in a physical fight with someone else?	Yes ☐	No ☐
Have you ever been suspended from school?	Yes ☐	No ☐
Have you ever been a member of a gang or associated with known gang members?	Yes ☐	No ☐
Have you ever committed an act of vandalism?	Yes ☐	No ☐
Have you ever been a victim of a crime?	Yes ☐	No ☐
Have you ever been hospitalized in the past 5 years?	Yes ☐	No ☐

If you answered yes to any of the questions above, please explain in detail below. Include approximate dates, number of times you engaged in each activity, etc. Attach a separate sheet of paper if needed. Please attach any Police reports, if any.

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AUTHORIZED RELEASE

I, _____, Understand that any portion of this application is subject to examination by the Huntington Park Police Department and/or the staff of the Huntington Park Police Department Community Academy. I acknowledge that all the information contained herein will be used solely for the Community Academy and no other purposes. I hereby attest that all the information contained herein is, to the best of my knowledge, true and correct.

_____
Applicant's Signature

ACKNOWLEDGEMENT

I hereby acknowledge that if I am selected as a member of the Huntington Park Police Community Academy, my primary objective will be to study the field of Law Enforcement and its possibilities for career opportunities. I acknowledge that teamwork is a necessary ingredient for the success of the program. I will strive to achieve the objective and ideals of the program and dedicate myself to the support of good law enforcement. I will maintain myself, both physically and mentally, as an asset to the Police Department and the community.

_____
Applicant's Signature

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AUTHORIZATION TO RELEASE INFORMATION

Instructions:

1. Read the listed disclosure below regarding your background packet.
2. Please sign on the indicated space.

DIRECTED TO:

As an applicant for a position with the City of Huntington Park Police Department, I am required to furnish information for use in determining my moral, physical, and mental qualifications. In this connection, I authorize the release of any and all information that is personal, confidential, or privileged in nature and/or that relates to any and all aspects of my employment history.

I hereby request that any information requested by the City of Huntington Park Police Department be provided as fully and complete as reasonably possible.

I do hereby release and hold harmless you, your organization or company, your officers, agents, employees, or independent contractors from any liability or damages, and I do hereby waive all claims or causes of action against you, your officers, agents, employees, or independent contractors, which may result from furnishing the requested information.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Background Investigator: _____

Date: _____

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HOLD HARMLESS AGREEMENT

Instructions:

1. Read the listed disclosure below regarding your background packet.

2. Please sign on the indicated space.

AGREEMENT ASSUMING THE RISK OF DEATH AND/OR INJURY AND WAIVING AND RELEASING ALL CLAIMS

CAUTION: The City of Huntington Park, its employees, agents, and elected officials do not want to be sued by you, your relatives, your heirs, and/or your personal representative IF YOU ARE INJURED AND/OR KILLED as a result and/or while taking part in Huntington Park's Community Academy or any other event sanctioned by the City of Huntington Park or the City of Huntington Park Police Department.

If you sign this document, you, your relatives, your heirs, and/or your personal representative WILL NOT BE ABLE TO SUE the City of Huntington Park, its employees, agents, and elected officials if you are injured and/or killed as a result and/or while taking part in Huntington Park's Community Academy or any other event sanctioned by the City of Huntington Park or the City of Huntington Park Police Department.

Going with a Police Officer while he/she performs their duties is DANGEROUS. The work and activities of a Police Officer involve the real possibility of INJURY AND/OR DEATH. By signing this document, I, the undersigned, acknowledge that I know that IT IS DANGEROUS to go with a Police Officer doing his/her job and or duties.

By signing this document, I AGREE TO AND HEREBY DO ASSUME ALL RISKS involved in going with a Police Officer while he/she does her job in the performance of their duties, whether or not the risks involved are the result of the Police Officers conduct or any other person's conduct.

IN ADDITION to the above, I also, for myself, my relatives, my heirs, and/or my personal representative, RELEASE, DISCHARGE, AND WAIVE any and all claims I have or may hereafter have against the City of Huntington Park, its employees, agents and/or elected officials. This RELEASE, DISCHARGE, AND WAIVER is for any damages, costs, expenses, or loss due to any injury suffered by me and/or for or from any death. In addition, THIS RELEASE, DISCHARGE, AND WAIVER apply even if my injury or death is caused by the negligent, reckless, and/or grossly negligent conduct of the City of Huntington Park, its employees, agents, and/or elected officials.

This agreement shall remain effective and upheld until the applicant identified below is no longer in the program.

FOR APPLICANT:

Name: _____ Did you read this document? Yes___ No___

Signature: _____ Date: _____