



REDLANDS POLICE
DEPARTMENT

MARK A. GARCIA
CHIEF OF POLICE

APPLICATION FOR VOLUNTEER
ASU PILOT

DATE: _____

LAST NAME: _____ FIRST: _____ MIDDLE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERSONAL INFORMATION

DOB: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

SEX: M F E-MAIL: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

MAIDEN NAME: _____ SSN: _____

DRIVER'S LIC # _____ DL EXP DATE: _____

DRIVING RESTRICTIONS: _____

PILOT'S LIC# _____ (SUPPLY COPY OF PILOT LICENSE WITH APPLICATION)

APPROXIMATE FLIGHT HOURS: _____
(SUPPLY DOCUMENTATION FOR FLIGHT HOURS)

MEDICATION: _____

ALLERGIES: _____

PRIOR POLICE EXPERIENCE: Y N LANGUAGE: _____

EDUCATION: GRADE COMPLETED: _____ HIGH SCHOOL NAME: _____

COLLEGE NAME: _____

SPECIALIZED TRAINING/EDUCATION: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY OFFENSE OTHER THAN A MINOR TRAFFIC INFRACTION?

YES NO

IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

EMPLOYMENT (CURRENT OR LAST EMPLOYER)

EMPLOYER: _____ JOB TITLE: _____

ADDRESS:

REFERENCES

NAME	RELATIONSHIP	TELEPHONE
1. _____		
2.		
3.		

SPECIALIZED SKILLS

CALCULATOR	TYPEWRITER	COMPUTER ENTRY
TWO WAY RADIO	PERSONAL COMPUTERS	OTHER

HAVING MADE THIS APPLICATION WITH THE REDLANDS POLICE DEPARTMENT, I UNDERSTAND THE FOLLOWING:

I WILL BE REQUIRED TO ABSTAIN FROM THE USE OF ANY ALCOHOL FOR EIGHT HOURS PRIOR TO PERFORMING ANY REDLANDS POLICE DEPARTMENT ASU PILOT VOLUNTEER DUTIES.

I MAY BE CALLED FOR EMERGENCY DUTIES AT ANY TIME.

I WILL BE REQUIRED TO BE FINGERPRINTED AND PHOTOGRAPHED AND A BACKGROUND CHECK WILL BE CONDUCTED TO DETERMINE MY SUITABILITY FOR MEMBERSHIP.

I WILL BE REQUIRED TO UNDERTAKE A COURSE OF INSTRUCTION APPROPRIATE TO THE DUTIES.

ALL SERVICE AS AN ASU PILOT VOLUNTEER IS VOLUNTARY AND NO COMPENSATION OF ANY KIND IS TO BE TENDERED.

ALL EQUIPMENT ISSUED WILL REMAIN PROPERTY OF THE REDLANDS POLICE DEPARTMENT AND IT MUST BE RETURNED UPON SEPARATION.

I WILL BE GOVERNED BY THE RULES AND REGULATIONS OF THE ASU PILOT VOLUNTEER PATROL AND THE REDLANDS POLICE DEPARTMENT.

I CERTIFY THAT THE INFORMATION PROVIDED ON THE APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND IS SUBJECT TO VERIFICATION BY THE REDLANDS POLICE DEPARTMENT. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION MAY BE GROUNDS FOR REFUSAL OR TERMINATION. I AGREE TO PROVIDE THE REDLANDS POLICE DEPARTMENT WITH ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED TO DETERMINE MY SUITABILITY FOR MEMBERSHIP WITH THE ASU PILOT VOLUNTEER PATROL.

SIGNATURE: _____ DATE: _____