



**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is disqualifying information as a result of a background investigation, if there is an offer of employment it will be withdrawn and I will be subject to immediate dismissal.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	MALE 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								
FOR EMERGENCY, NOTIFY: NAME			ADDRESS			PHONE NO. (     )		
<b>HAVE YOU EVER BEEN ARRESTED AS AN ADULT?</b> YES      NO								
IF YES, LIST ALL ADULT ARRESTS.								
DATE	ARRESTING AGENCY		CASE NO. & CHARGE			DISPOSITION		

**APPLICANT SIGNATURE (Mandatory)**

SIGNATURE	DATE
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**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									
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													

