



# EL CENTRO POLICE DEPARTMENT

150 North 11th Street  
El Centro, CA 92243



(760)352-2111 FAX (760)353-7301 <http://www.ecpd.org>

## PAX TEAM APPLICATION

*Please read carefully and complete by printing in black ink or typing.*

Full Name (Last, First, MI)				Drivers Lic. #		Date of Application:
Full Address:				Type(s) of Work desired: <b>VOLUNTEER WORK</b>		Social Security Number:
Date of Birth:	Place of Birth:	Height:	Weight:	Hair Color:	Eye Color:	Do you own a CB Radio ? <input type="checkbox"/> Yes <input type="checkbox"/> No

### **An Equal Opportunity Employer**

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disable veteran. Information provided on this application will not be used for any discriminatory purpose. All information will be treated as confidential information.

### **Provide all information requested**

Your complete application/background form will be maintained in our files. All information obtained during the background investigation will be kept confidential.

### **Employment Record**

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. If retired, complete only the last place of employment.

Last or Present Employer:		Type of Business:		Job Classification:	
Full Address:		Phone Number:		Brief Description of Duties:	
Supervisor's Name:		Dates Worked : From: To:			
Base Salary:	Hours of Work:	Can You be Called at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Living:	

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