



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Annual Personal Information Form



Please Print Name (Last, First, Middle)	CA Driver's License / ID #:
---	-----------------------------

Home Address:	City:	Zip:
Email:	Home Phone:	Cell: () -
Program Name:		

Emergency Contact:	Relationship:	Phone: () -
--------------------	---------------	-------------------------

Employer Name:	Work Phone: () -
Work Address (Number, Street, City, Zip Code)	

In the last twelve months, have you been contacted, questioned, detained, arrested, or named as a suspect in an investigation by any law enforcement agency? Yes No

If Yes, briefly explain: _____

"Failure to disclose information and/or making any false statement regarding contact with law enforcement will result in immediate dismissal".

Signature: _____ Date: _____

Verified By:

Program/Project Sponsor: _____ Employee#: _____
(Print Name) (If applicable)

Unit: _____ Date: _____

***** FOR RVS OFFICE USE ONLY *****

Updated By: _____ Date: _____