



BAM Level Three Application/Cover Sheet



Last Name, First Name, Middle Initial:		Birthdate:		Social Security No:	
Address, City, State, Zip:					
Email:		Cell Phone:		Home Phone:	
BOG Waiver?	VA Benefits?	Driver's License / I.D. #:		Medical Insurance Carrier/Policy #:	
☐ Yes ☐ No	☐ Yes ☐ No				
Place of Birth:		U.S. Citizen?		Have you lived in CA for at least 1 year?	
		☐ Yes ☐ No		☐ Yes ☐ No (if no, how long? _____)	
Physical Description:			List any visible scars, marks, tattoos (be as specific as possible):		
Weight:		Height:			
Hair Color:		Eye Color:			
Gender: ☐ Male ☐ Female					
Ethnic Background:					
IF EMPLOYED BY AN AGENCY					
Department name:				Phone:	
Department address:					
Number of years and months employed by department:					
Previous employer:					
Years in previous job:			Total years in law enforcement:		
MILITARY SERVICE					
Have you ever served in the Armed Forces of the United States of America? ☐ YES ☐ NO					
Branch:		From:		To:	
Highest rank attained:		Principle duty performed:			
FORMAL EDUCATION (indicate number of years and if graduated)					
High school:		College:		Units completed:	
Degree/s held:		Other schools:			
VEHICLE INFORMATION					
Year:	Make:	Model:	Color:	License:	
EMERGENCY CONTACT					
Name:			Relationship to you:		
Address:					
Phone Number:			Cell Phone Number:		
HOW DID YOU HEAR ABOUT THE ACADEMY					
☐ Radio ☐ Friend ☐ Flyer ☐ Career fair ☐ Agency name ☐ Other					
STAFF USE ONLY					
☐ College Registration		☐ Medical Clearance (DO NOT retain)		☐ Paid:	
☐ CA Driver's License Copy		☐ PT Order ☐ LDs Yes / No		☐ Balance Due:	
☐ Medical Insurance Copy		☐ Needs List		☐ File Completed	
☐ DMV Printout		☐ Cancellation Policy		☐ Coordinator Sign Off	
☐ DOJ Clearance		☐ Orientation Letter		☐ Firearm Proof of Ownership	