BAM Two
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: Decline to State		

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		
☐ Level III Completion Date: _____	☐ DMV Printout	☐ Orientation Letter
☐ Non-So Bay POST Training Profile	☐ DOJ/Livescan	☐ Paid:
☐ College Registration	☐ Medical Clearance	☐ Balance:
☐ Declaration	☐ PT Order	☐ File Completed
☐ CA Driver's License Copy	☐ Needs List	☐ Coordinator Sign Off
☐ Medical Insurance Copy	☐ Cancellation Policy	