

SECRET WITNESS OF KERN COUNTY

Bakersfield Police Department, 1601 Truxtun Ave., Bakersfield CA 93301

(661) 326-3127, TDD 321-0916

APPLICATION FOR APPOINTMENT

Please print in ink or type

Mail completed application to address above or email: kernsecretwitness@gmail.com

Name:

Last Name First Name M.I.

Address:

City and State

Zip Code

Phone:

() _____ **Email:** _____

Employer:

_____ **Job Title:** _____

Address:

City and State

Zip Code

Phone:

() _____ **Email:** _____

Education - List schools attended and/or graduated/degree(s):

Please list other special training or experience.

Please list previous and present governmental and civic experience. Indicate when, position and duties.

Please explain why you wish to serve on the board for the Secret Witness of Kern County.

Do you have any interests or associations which might present a conflict of interest? If yes, please explain:

Please attach your resume, and any additional information or statements which you feel would be helpful in reviewing your qualifications.

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment, the information contained herein will be made available to the general public upon request.

Signature of Applicant

Date

SUPPLEMENTAL QUESTIONNAIRE

BOARD APPLICANT CERTIFICATION

I understand that any misstatements, misrepresentations or omissions of fact contained herein may be grounds for denial of consideration or removal from a board position.

Signature: _____ Date: _____

CRIMINAL RECORDS INQUIRY WAIVER

I authorize the Bakersfield Police Department to furnish the Secret Witness of Kern County Board any and all information that it may have concerning my criminal record summary. This summary shall only contain arrests in the County of Kern resulting in a conviction and arrests pending final judgment. I release the City of Bakersfield and Secret Witness of Kern County or others from any liability or damages that might result from furnishing the information requested above.

Signature: _____ Date: _____

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|--------------------------------------------------------------------------------------------------------------------|-----------|------------|
| 1. Have you ever been convicted of a crime?
If yes, please provide the offense and approximate date(s): | NO | YES |
| 2. Are you currently subject to the terms of Probation for a criminal conviction? | NO | YES |
| 3. Have you within the past five years used any illegal drug? | NO | YES |
| 4. Are you currently restrained from any person or place pursuant to a court order? | NO | YES |
| 5. Are you currently required to register as a Sex Offender, Gang Member or Habitual Drug Offender? | NO | YES |