

**LA VERNE POLICE DEPARTMENT
INMATE WORKER APPLICATION**

Applicant's Last Name

First

Middle

Address

City / State

Zip Code

DOB

Age

Race

Hair

Eyes

Height

Weight

Drivers's Lic. #

State

Social Security Number

Home Number

Work Number

Cell Number

Employer

Address

City / State

Zip Code

Occupation

Health Care Provider

In Case of Emergency, Notify: Name / Relationship

Address

City / State

Zip Code

Do you have any medical problems?

Yes No

What were you convicted of?

How much time do you have to serve?

Court County

Court Case Number

When do you want to start serving your sentence?

Which program are you interested in?

Work Furlough Straight Time

Applicant Signature:

Date: