## Hayward Neighborhood Alert BLOCK CAPTAIN APPLICATION

Office use only Date sent Date received			DOJ Background approval		
PERSONAL				· · ·	
1. Name		First		Middl	
·		FIISL		iviidai	е
2. AddressNumber Stree	 et	Apt. #	Zip Code	e Beat,	if known
3. Telephone: Work: ( )		Home: ( )			
Cell:	Email:				
4. Sex: Height: Weight:	Eye color:	Hair color:	Date	of Birth:	
Social Security Number:					
5. Do you drive? Yes ( ) No ( ) Driver's L	_icense/California ID#:				_
U. S. Citizen/Legal Resident: Yes ( ) No eligible for citizenship. Can you provide such			States or a	permanent reside	nt alien who is
7. Second Language? Specify		Speak ( ) F	Read/Write (	)	
8. Occupation (Position and kind of work)					
				How long?	years
9. Current/Last employer: Name:			_ Phone:		
Address:				How long?	years
10. Special skills (Typing, computers, public	contact etc.):				
To: Openial oking (Typing, computers, public					
11. Previous/current volunteer work:					
12. Special interests/hobbies:					
EDUCATION					
13. High School diploma or equivalent:	Two Year Co	llege degree:			
Four Year College degree:	Graduate De	gree:	Othe	er:	_
EMERGENCY CONTACT:					
14. Name:		R	telationship:		
Address:					
Number	Street	City		Zip	
Phones: Work	Home			Cell	
15. MEDICAL INFORMATION:					
Personal Physician:			Phone: (	)	
Insurance Carrier:				)	

## **RELATIVES/REFERENCES**

	s of persons who know you and may be ies will be confined to job-relevant matte		your suitability for the	position of Block		
Name		Relationship				
Number	Street	City		Zip		
Work Phone	Home Phone		Cell Phone			
Name			Relationship			
Number	Street	City		Zip		
Work Phone	Home Phone		Cell Phone			
•	een placed on court probation as an ado	, , ,	,			
If "yes", please p Permit granted? Name of Law Er	pplied for a permit to carry a concealed rovide the following information:  Yes ( ) No ( ) Date:		No ( )			
20. I have read and and I have pres	I understand all of the information re sented all of the relevant information I understand that I may be disqualifi presentation of the facts.	quested of me in this qu that would have a beari	ng on my suitability f	or the position of		
Applicant's Full Signa	ature		Date Completed	I		
handled in the stricte	be screened by the Hayward Police Depet confidence. Police information will n	ot be released to any una	uthorized person.			
I hereby authorize t criminal record che	the Hayward Police Department to co ecks.	nduct an investigation o	of my character, inclu	iding personal and		
Signature:			Date:			