



BACKGROUND  
INVESTIGATION UNIT  
(415) 837-7107

POLICE DEPARTMENT  
CITY AND COUNTY OF SAN FRANCISCO  
SAN FRANCISCO POLICE DEPARTMENT HEADQUARTERS  
1245 3<sup>RD</sup> STREET – ROOM 4170  
SAN FRANCISCO, CALIFORNIA 94158

## Candidate Instructions for Submission of Background Packet First Class Mail Only No Priority Mail or Special Handling Services

Place the items below in a 9X12 manila envelope along with all Required Documents listed on Page 2 and mail it to our Background Investigation Office. The Background Packet will not be accepted at our office in person.

- Personal History Statement from the SFPD Website (link in email).
- Vital Information Form.
- Authorization to Release Information (General Waiver); **must be notarized by a legal notary.**  
Waiver for Lateral Hires – (if applicable); **must be notarized by a legal notary.**
- Form I-9 Employment Eligibility Verification – Do not fill out any field below the preparer and/or translator certification.
- Authorization for Release of Consumer Credit Report, San Francisco Police Department (**This form does not need to be notarized.**) A copy of the Consumer Credit Report Act is enclosed and you may keep this for your records.
- Background Investigation Process Form.
- San Francisco Civil Service Commission Rule 111.9, Rule 111.10, and San Francisco Police Code, Article 6, Section 452 Form.
- Required Documents from Page 2.

You are advised to retain copies for your records.



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## Instructions for Submission of Required Documents

Include copies of the following documents:

1. A copy of your Birth Certificate.
2. A copy of Certificate of Naturalization, if applicable.
3. A copy of your Social Security card.
4. A copy of your Driver License.
5. A copy of your Passport.
6. Veterans will be required to provide a copy of DD214 (Character Service & Re-entry Code).
7. A copy of Registration with Selective Service. *Males under the Age of 26 are required to register for Selective Service.* Contact Selective Service System at (847) 688-6888. Proof of Registration can also be obtained at the following website: [www.sss.gov](http://www.sss.gov).
8. A copy of Marriage Certificate(s) or Domestic Partnership Registration, if applicable.
9. A copy of Divorce Decree(s) or Domestic Partnership Dissolution, if applicable.
10. A copy of any Restraining Orders/Stay Away Orders issued or filed, if applicable.
11. A copy of Vehicle Registration(s), if applicable.
12. A copy of Vehicle Insurance Policy Declaration (not the card you carry in your wallet/car), if applicable.
13. A copy of current COVID-19 vaccination.
14. A copy of any Bankruptcy proceedings and/or civil lawsuits and judgments, if applicable.
15. Original certified high school and college transcripts or a copy of your GED certificate and scores. Do not open the envelope or break the seal. If you do not have your educational proof by the postmark due date, submit what you have and provide a written statement verifying that you have ordered certified copies as described.
16. A recent 2x2 color photograph (PASSPORT TYPE & SIZE). Please print your name on the back.

\*Original documents for items #1-14 will be verified for review by your Background Investigator at your intake interview. Do not send the originals in the mail.



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## **The Background Investigation Process**

The information you provided in your Personal History Statement will be used during the course of your background investigation as one of several investigative tools for determining your suitability for employment as a **San Francisco Police Officer**.

All statements are subject to verification.

You must account for all time periods in your personal history and supplied background information.

Deliberate misstatements, inaccuracies or incomplete statements may bar or remove you from the background investigation process or cause you to be removed from employment if you do become employed.

It is to your advantage to respond openly. If there are issues or factors in your background that you feel may be negative, remember that they will be evaluated in terms of the facts and circumstances surrounding their occurrence and their degree of relevance to the position of police officer. Concealing an issue or incident can have a greater negative impact than the particular issue would have had alone.

Once you have been assigned to an investigator and the background investigation process has begun, you must update the investigator with any new information that was not included in the Personal History Statement that you submitted. While the background investigation is in progress, you must inform your investigator without delay whenever any of the following incidents occur.

- 1) Any criminal incident in which you are a victim or questioned as a suspect or witness
- 2) Any incident of domestic violence whether as victim or suspect
- 3) Any contact by a law enforcement agency on official business
- 4) Any traffic citation received for a moving violation
- 5) Any court document that is filed on your behalf or against you, civil or criminal
- 6) Change of address

## **Cooperation During the Background Process**

Remember that you are the applicant. You must make yourself available and be ready to adjust your schedule to meet the demands of a background investigation. Failure to keep required appointments, provide necessary documents or delayed response to an information request may prolong your background or interfere with its timely completion.

Your background investigation is a personnel matter and therefore is confidential. Do not encourage third party inquires to the Background Investigations Unit regarding your status (e.g., acquaintances or friends in the SFPD). The Background Investigations Unit will only communicate with you as the applicant or your legal representative.

If you have any questions or concerns about the background process, those inquires should be directed only to your assigned investigator. If you wish to consult with your investigator for any reason, please call and make an appointment beforehand. Applicants should know their eligibility list number and the name and rank of their assigned investigator when calling the Background Investigations Unit.

If you change your address, phone number, employment, marital status or for any other major development in your personal affairs, you must notify your assigned investigator without delay.

Persons who inexcusably fail to complete a required medical examination or fail to follow established procedures in reporting for medical examination shall be placed under waiver on all eligibility lists and shall have the appointment and/or certification canceled. Such waiver shall not be removed except with the special permission of the Human Resources Director. A second occurrence shall remove the name of the person from all eligible lists, and future employment shall require the express approval of the Human Resources Director.(Civil Service Rule 216.1.2)

Any applicant who becomes injured or seriously ill at any time after completing the medical examination portion of the Background Investigation must report to the SFPD Police Physician and be medically reevaluated. Your investigator can put you in touch with the doctor.

Successful applicants who are admitted to the Police Academy may not hold any other form of employment during their Academy Training and throughout their subsequent probationary period.

The procedural information contained in this document is for your reference during the background investigation. All applicants are required to adhere to these procedures.

By signing below, you are acknowledging that your have been informed of and understood the requirements contained in this document and that you have received a copy of it.

Applicant signature \_\_\_\_\_ List \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Investigator \_\_\_\_\_



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SECTION

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1245 3<sup>RD</sup> STREET, 4<sup>TH</sup> FLOOR  
SAN FRANCISCO, CALIFORNIA 94158  
TELEPHONE: 415-837-7107  
FAX: 415-575-6093

Applicants for the position of Q-2 Police Officer are advised of the following information that concerns applications to positions within the City and County of San Francisco service.

**San Francisco Civil Service Commission Rule 111.9**

CHEATING OR FRAUD IN EXAMINATIONS

It is the policy of the Civil Service Commission that examinations shall be conducted in a fair and impartial manner in order to test fairly and relative qualifications, merit, and fitness of applicants. Any person cheating, attempting to cheat, or assisting other persons in cheating in any phase of the examination process shall be prosecuted to the full extent of the Charter and other laws. Actions to be taken include elimination from the examination process, dismissal, and ineligibility for future employment. Cheating shall include the use or attempted use of materials not authorized by the scheduling notice to candidates to report for the examination. Significant false statements by applications on the application or during the selection process shall be good cause for the exclusion of such person from the examination and such other appropriate action as may be recommended by the Human Resources Director. (Emphasis added)

**San Francisco Civil Service Commission Rule 111.10**

COPYING OF EXAMINATION – RELATED MATERIALS

The copying or the making of notes or outlines of examination-related material is prohibited.

**San Francisco Police Code, Article 6, section 452**

FRAUDULENT MISREPRESENTATIONS WHEN TAKING CIVIL SERVICE EXAMINATIONS UNLAWFUL

It shall be unlawful for any person to impersonate another person, or permit or aid in any manner any other person to impersonate him/her in connection with any civil service examination conducted by the San Francisco Civil Service Commission, or in connection with any application for employment in the San Francisco municipal service; or to willfully, and knowingly make false, incomplete or incorrect statement of material fact in; or in connection with, any application to participate in a Civil Service Examination for appointment in the San Francisco Municipal Service and, upon conviction thereof, such person shall be punishable by a fine of not more than \$500, or by imprisonment for a term not exceeding one year, or by both such fine and imprisonment.

\_\_\_\_\_  
Background Investigator

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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**Authorization to Release Information**

**Name of Applicant:** \_\_\_\_\_  
**Eligible List#:** \_\_\_\_\_

To Whom It May Concern:

I am an applicant for a position with the San Francisco Police Department. Under California Law, Government Code § 1031(d) and Code of Regulations, Title 11, Division 2, § 1002(a)(3), my prospective employer is required to conduct an investigation into my personal, medical, and psychological fitness to serve in this capacity. I fully recognize that under California law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in this position. I further recognize that an employing agency has both a legal and a moral obligation to make every reasonable effort to ensure that any person employed by them will conform to the very highest standards.

My prospective employer has reason to believe that you may have information relevant to that purpose concerning me. I hereby authorize and direct you, your organization, its Custodian of Records, and/or person in your employ to release any and all information that you may have concerning me, including information which may be of a confidential, privileged and/or derogatory nature, including, but not limited to: written or oral employment information, (including that which may be exempt from disclosure under California Government Code § 6254(c)), official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public Law 93-380), military records (pursuant to Public Law 93-357, 5 U.S. Code § 552), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts, 15 U.S. Code § 1681 and California Civil Code § 1785 et seq.), local criminal history information (pursuant to Penal Code § 13300(b)(10)), and/or any other information which you may possess.

I understand that persons and/or organizations providing information to my prospective employer may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis. I further recognize that although some of the information requested may be a matter of public record or would otherwise be accessible to me and that this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have also been informed that because law mandates this background investigation, responses from persons contacted, whether solicited or unsolicited, are privileged under California Civil Code Section 47.

I exonerate, release, and discharge you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form. I also exonerate, release, and discharge my prospective employer, its officers, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for its refusal to release any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person.

I have read this form and understand Its meaning and purpose, and I have received a copy of it pursuant to Labor Code § 432. I may revoke this authorization of my prospective employer to seek the information I have authorized to be released to you by delivering, in writing, such revocation to my prospective employer. I understand that I will not receive and that I am not entitled to know the contents of confidential reports received, and I further understand that these reports are privileged.

**SEE REVERSE SIDE MUST BE NOTARIZED**

Applicant signature \_\_\_\_\_

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
*Date Here Insert Name and Title of the Officer*

personally appeared \_\_\_\_\_  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

# California All-Purpose Acknowledgment

The so-called “all-purpose” acknowledgment wording, as prescribed in California Civil Code Section 1189(a), is mandatory for all acknowledgments taken in the state, whether the acknowledger is signing as an individual or a representative (partner, corporate officer, attorney in fact, trustee, etc.).

Law permits California Notaries to use an out-of-state acknowledgment form on a document that will be filed in that other state or U.S. jurisdiction, but only if “the form does not require the Notary to determine or certify that the signer holds a particular representative capacity or to make other determinations and certifications not allowed by California

law” (Civil Code Section 1189(c)).

Still, however, any acknowledged document notarized and filed or recorded in California must bear only an all-purpose certificate.

State law requires the “all-purpose” certificate wording to be used exactly as it appears in statute.

The optional section at the bottom can deter alteration of the document or fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

## Instructions:

- 1 NAME OF COUNTY** where Notary performs notarization.
- 2 DATE OF NOTARIZATION.** Actual month, day and year on which signer(s) appear(s) before Notary.
- 3 NAME & TITLE OF NOTARIZING OFFICER.** In the case of a Notary, “Notary Public” would be the title.
- 4 NAME(S) OF SIGNER(S)** appearing before Notary. Initials and spelling of names should agree with name(s) signed on document and ID card. Line through any remaining space.
- 5 SIGNATURE OF NOTARY** exactly as name appears on commissioning papers, in space 3 and in seal.
- 6 NOTARY SEAL IMPRINT**, clearly and legibly affixed.

**SPACES 7–14 ARE OPTIONAL.** Omission of information here will not affect the document’s validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

- 7 TITLE OR TYPE OF DOCUMENT** notarized, such as “Grant Deed.”
- 8 DATE OF DOCUMENT** notarized. Most but not all documents will have a date, usually at the top or following the signature. If none, insert “No Date.”
- 9 NUMBER OF PAGES** in the notarized document. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

- 10 SIGNER(S) OTHER THAN NAMED IN SPACE 4.** Since all signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If there are a large number of signers, a notation such as “Mary Smith and 28 other signers” will suffice. If none, insert “no other signers.”
- 11 NAME(S) OF SIGNER(S)** from space 4 whose capacity and represented entity follow.
- 12 CAPACITY CLAIMED BY SIGNER.** Check appropriate box to indicate whether signer is signing as individual (on his or her own behalf), or as corporate officer (indicate corporate title), partner (indicate whether “limited” or “general” partner), attorney in fact, trustee, guardian/conservator, or in another capacity.
- 13 DESCRIPTION OF OTHER CAPACITY(IES).** A single capacity, such as “executor,” may be indicated here; or a multiple capacity, such as “corporate officer signing for partnership in which corporation is partner.”

- 14 NAME OF PERSON OR LEGAL ENTITY** that signer is representing. It could, for example, be the name of an absent person represented by attorney in fact. It could be the name of a condominium association, such as “Blue Lagoon Condo Assn.” Or it could be multiple entities, such as “XYZ Corp., partner in Mutual Enterprises, a partnership.”

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT** CIVIL CODE § 1189

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
 County of Los Angeles **1** )

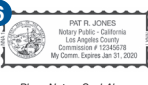
On July 19, 2016 **2** before me, Pat R. Jones, Notary Public **3**  
Date Here Insert Name and Title of the Officer

personally appeared Michael T. Smith **4**  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

**6**  **5**  
 Signature Pat R. Jones  
Signature of Notary Public

**OPTIONAL**  
 Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**  
 Title or Type of Document: Grant Deed **7**  
 Document Date: July 19, 2016 **8** Number of Pages: one **9**  
 Signer(s) Other Than Named Above: no other signers **10**

**Capacity(ies) Claimed by Signer(s)**  
 Signer's Name: Michael T. Smith  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
 Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
 Signer is Representing: \_\_\_\_\_

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NATIONAL NOTARY ASSOCIATION

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## Authorization for Release of Consumer Credit Report to the San Francisco Police Department

I, \_\_\_\_\_, authorize the San Francisco Police department to obtain my consumer credit history report for use solely In conjunction with the background investigation of candidacy for the position of \_\_\_\_\_.

I understand that the information obtained will not be used in violation of any Federal of state equal opportunity law or regulation.

I also understand that I have a right to a copy of the credit history report and a Summary of my rights under the Fair Credit Reporting Act, should any adverse action regarding my candidacy be taken, based in whole or in part on the report.

This authorization shall remain in effect for one year from the date of signing.

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

| <b>TYPE OF BUSINESS:</b>  | <b>CONTACT:</b>  |
|---|--|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>  | <p>a. Consumer Financial Protection Bureau<br/>1700 G Street, N.W.<br/>Washington, DC 20552</p> <p>b. Federal Trade Commission<br/>Consumer Response Center<br/>600 Pennsylvania Avenue, N.W.<br/>Washington, DC 20580<br/>(877) 382-4357</p>  |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency<br/>Customer Assistance Group<br/>1301 McKinney Street, Suite 3450<br/>Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center<br/>P.O. Box 1200<br/>Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center<br/>1100 Walnut Street, Box #11<br/>Kansas City, MO 64106</p> <p>d. National Credit Union Administration<br/>Office of Consumer Financial Protection (OCFP)<br/>Division of Consumer Compliance Policy and Outreach<br/>1775 Duke Street<br/>Alexandria, VA 22314</p> |
| <p>3. Air carriers</p>  | <p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings<br/>Aviation Consumer Protection Division<br/>Department of Transportation<br/>1200 New Jersey Avenue, S.E.<br/>Washington, DC 20590</p>   |
| <p>4. Creditors Subject to the Surface Transportation Board</p>   | <p>Office of Proceedings, Surface Transportation Board<br/>Department of Transportation<br/>395 E Street, S.W.<br/>Washington, DC 20423</p>  |
| <p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>   | <p>Nearest Packers and Stockyards Administration area supervisor</p>   |
| <p>6. Small Business Investment Companies</p>   | <p>Associate Deputy Administrator for Capital Access<br/>United States Small Business Administration<br/>409 Third Street, S.W., Suite 8200<br/>Washington, DC 20416</p>   |
| <p>7. Brokers and Dealers</p>   | <p>Securities and Exchange Commission<br/>100 F Street, N.E.<br/>Washington, DC 20549</p>  |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>   | <p>Farm Credit Administration<br/>1501 Farm Credit Drive<br/>McLean, VA 22102-5090</p>   |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>  | <p>Federal Trade Commission<br/>Consumer Response Center<br/>600 Pennsylvania Avenue, N.W.<br/>Washington, DC 20580<br/>(877) 382-4357</p>   |



BACKGROUND  
INVESTIGATION UNIT

POLICE DEPARTMENT  
CITY AND COUNTY OF SAN FRANCISCO  
SAN FRANCISCO POLICE DEPARTMENT HEADQUARTERS  
1245 3<sup>RD</sup> STREET – ROOM 4170  
SAN FRANCISCO, CALIFORNIA 94158  
(415) 837-7107

## How Did You Hear About Us?

Circle All That Apply

1. SFPD Website
2. Social Media (Twitter/Facebook/Instagram)
3. Printed Advertisement (Newspapers/Magazines/Brochures)
4. Advertisement (Billboards/Bus Ads/Radio/Television/Commercials)
5. Other \_\_\_\_\_

Did you ever come in contact with anyone from the Recruitment team?

Yes                      No                      (Circle One)

Did our SFPD Recruitment Team ever assist you with any of the following?

|                               |     |    |
|-------------------------------|-----|----|
| National Testing Network Test | Yes | No |
| Practice PAT/Workouts         | Yes | No |
| Practice Mock Oral Interview  | Yes | No |

Please provide us with feedback or suggestions on how the Recruitment Team can reach more candidates:

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Name: \_\_\_\_\_

Class: \_\_\_\_\_

List: \_\_\_\_\_

**SAN FRANCISCO POLICE DEPARTMENT**

**Vital Information Form**

*Write N/A when any requested information is not applicable*

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Investigator: \_\_\_\_\_

Classification: \_\_\_\_\_

List: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Other Names (include maiden and nicknames): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(MM/DD/YYYY)*

Place of Birth: \_\_\_\_\_  
*(City/County/State/Country)*

Present Living Address: \_\_\_\_\_  
*Number/Street*

\_\_\_\_\_  
*City/State Zip Code*

Mailing Address (if different): \_\_\_\_\_  
*Number/Street*

\_\_\_\_\_  
*City/State Zip Code*

Main Phone: (\_\_\_\_) \_\_\_\_\_  
*(Circle one): Cell / Home / Work / Other*

Alternate Phone: (\_\_\_\_) \_\_\_\_\_  
*(Circle one): Cell / Home / Work / Other*

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

If married or previously married (*circle one*), spouse's name: \_\_\_\_\_

If previously employed by the City and County of San Francisco, list department(s): \_\_\_\_\_

Date employed (From MM/YY): \_\_\_\_\_ (To MM/YY) \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

|   |   |                                |             |                |                                       |                   |
|---|---|--------------------------------|-------------|----------------|---------------------------------------|-------------------|
| Last Name <i>(Family Name)</i>          |   | First Name <i>(Given Name)</i> |             | Middle Initial | Other Last Names Used <i>(if any)</i> |                   |
| Address <i>(Street Number and Name)</i> |   |                                | Apt. Number | City or Town   |                                       | State<br>ZIP Code |
| Date of Birth <i>(mm/dd/yyyy)</i>       | U.S. Social Security Number<br>[ ][ ] - [ ][ ] - [ ][ ][ ][ ] | Employee's E-mail Address      |             |                | Employee's Telephone Number           |                   |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

|  |  |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States   |  |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>   |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____  |  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>   |  |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____<br/> <b>OR</b><br/>         2. Form I-94 Admission Number: _____<br/> <b>OR</b><br/>         3. Foreign Passport Number: _____<br/>         Country of Issuance: _____</p> |  |
| QR Code - Section 1<br>Do Not Write In This Space  |  |

|                       |                                  |
|-----------------------|----------------------------------|
| Signature of Employee | Today's Date <i>(mm/dd/yyyy)</i> |
|-----------------------|----------------------------------|

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

|   |  |                                  |                   |
|---|--|----------------------------------|-------------------|
| Signature of Preparer or Translator     |  | Today's Date <i>(mm/dd/yyyy)</i> |                   |
| Last Name <i>(Family Name)</i>          |  | First Name <i>(Given Name)</i>   |                   |
| Address <i>(Street Number and Name)</i> |  | City or Town                     | State<br>ZIP Code |

Employer Completes Next Page



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

|                              |                         |                         |      |                                |
|------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                    | AND | List C<br>Employment Authorization                     |
|---|----|---------------------------------------|-----|--|
| Document Title                                  |    | Document Title                        |     | Document Title   |
| Issuing Authority                               |    | Issuing Authority                     |     | Issuing Authority                                      |
| Document Number                                 |    | Document Number                       |     | Document Number  |
| Expiration Date (if any) (mm/dd/yyyy)           |    | Expiration Date (if any) (mm/dd/yyyy) |     | Expiration Date (if any) (mm/dd/yyyy)                  |
| Document Title                                  |    | Additional Information                |     | QR Code - Sections 2 & 3<br>Do Not Write In This Space |
| Issuing Authority                               |    |                                       |     |  |
| Document Number                                 |    |                                       |     |  |
| Expiration Date (if any) (mm/dd/yyyy)           |    |                                       |     |  |
| Document Title                                  |    |                                       |     |  |
| Issuing Authority                               |    |                                       |     |  |
| Document Number                                 |    |                                       |     |  |
| Expiration Date (if any) (mm/dd/yyyy)           |    |                                       |     |  |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

|  |   |  |       |          |
|--|---|--|-------|----------|
| Signature of Employer or Authorized Representative                   | Today's Date (mm/dd/yyyy)                           | Title of Employer or Authorized Representative |       |          |
| Last Name of Employer or Authorized Representative                   | First Name of Employer or Authorized Representative | Employer's Business or Organization Name       |       |          |
| Employer's Business or Organization Address (Street Number and Name) |   | City or Town                                   | State | ZIP Code |

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

| LIST A<br>Documents that Establish<br>Both Identity and<br>Employment Authorization  | OR | LIST B<br>Documents that Establish<br>Identity  | AND | LIST C<br>Documents that Establish<br>Employment Authorization  |
|--|----|---|-----|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**