

Department Letterhead

IMPORTANT: This form seeks only to collect additional relevant information that allows an opportunity to provide evidence or documentation regarding the accuracy of your conviction history report; evidence of rehabilitation, or mitigating factors surrounding your conviction history to reassess your compatibility for this position.

Position Applying for: (Exact Title)					
Last Name		First Name		Middle Initial	
Other Name(s) Used:					
Street Address		Apt. No.		Home Telephone Number () -	
City	State	Zip Code	Alternate Telephone Number () -		
E-mail Address					
REASON(S) FOR CHALLENGING PRELIMINARY ASSESSMENT:					
<input type="checkbox"/> I am challenging the accuracy of the conviction history report.					
Conviction Date	Violation Code	Conviction Type	Court Disposition	Type of Error	Evidence of Current Status (e.g., judicially dismissed, pardoned, exempted etc.)
<input type="checkbox"/> I ask that you consider the following evidence demonstrating rehabilitation.					
CERTIFICATION OF APPLICANT (please read carefully): I hereby certify that all statements made are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement, regardless of when discovered, may result in my disqualification or dismissal from employment with the County of Los Angeles.					
Date: _____ Signature of Candidate: _____					

Please attach additional pages if necessary.