

For Department Use Only

ID # _____

EMPLOYER: _____

DATE: _____

INGLEWOOD POLICE DEPARTMENT

MESSAGE TECHNICIANS

TOW OPERATORS

CASINO EMPLOYEES

APPLICATION



CITY OF INGLEWOOD POLICE DEPARTMENT



One Manchester Boulevard

Inglewood, California 90301

310-412-5515

APPLICATION INFORMATION

Thank you for your interest in obtaining a work permit in the City of Inglewood. Before you are issued a temporary or permanent work permit, an application process must be completed.

You must pay a licensing fee at the Finance Department in City Hall and bring your receipt with current identification to the Police Department. You will then need to complete an application for the work permit you are applying for and be fingerprinted and photographed.

Once this process has been completed, the application will be submitted to the Business License Detail and a preliminary check of the application will be conducted. This preliminary check will take 3 to 5 working days. If there are no problems noted in the preliminary screening, your temporary work permit will be available at the Inglewood Police Department after the allotted time, which will allow you to work for 90 days **only**.

YOU ARE NOT PERMITTED TO WORK UNTIL YOU HAVE OBTAINED A TEMPORARY OR PERMANENT WORK PERMIT.

During the 90 days, an extensive background will be conducted and your fingerprints will be submitted to the Department of Justice to determine any criminal background. If the background is completed and there are no problems related to your fingerprints, then you will be permitted to obtain a permanent work permit for the time frame specified under the Inglewood Municipal Code. This permit is good only for the title listed on it. For instance, you cannot apply for a casino work permit and work in an adult entertainment establishment.

If there are problems noted in your background or on your application, you will be notified either by mail or by the licensing detail as to the problem. If the Police Department denies the permit, you have the right to file for an appeal with the City Clerk's Office. The appeal process will be explained to you at the time of appeal or within the denial letter sent to you.

Please note the paragraph highlighted above. If you are working within an establishment without being issued a work permit, or have an expired or invalid work permit, then you are in violation of the law, punishable as a misdemeanor. This can also affect any future application for a work permit within this city.



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NOTICE TO WORK PERMIT APPLICANTS

The Inglewood Police Department requires that all individuals who are employed as gambling enterprise employees, massage technicians (including owners and operators), or tow operators hold a valid work permit.

All individuals applying for a work permit must complete and submit the following:

1. Work Permit Application.
2. Work Permit Questionnaire.
3. An original California Driver's License or California Identification Card.
4. A Birth Certificate, the original or a notarized copy, if born in the United States or its territorial possessions. Alien Registration and or Certificate of Naturalization, if born outside of the United States.
5. An Original Social Security Card.
6. A non-refundable application fee must be paid at the time for application to the City of Inglewood.
7. If you are applying for a work permit for the below classification you must provide the following documents:
 - a. Massage Technician Permit – must provide original diploma or certificate from a recognized school as stated in the Inglewood Municipal Code and certified school transcripts.

**ALL DOCUMENTS AND FEES MUST BE SUBMITTED TO THE INGLEWOOD
POLICE DEPARTMENT.**



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Inglewood, California 90301

310-412-5515

TEMPORARY PERMIT INFORMATION

Your permit is issued on a temporary/conditional basis. The Inglewood Municipal Code requires the Police Department to conduct an investigation to determine if an applicant meets the guidelines to issue a permanent permit.

This temporary permit is valid for **only** 90 days. During this time, the Police Department will either approve or deny your permanent permit. When approved, you will return to the Police Department to obtain your permanent identification card. Denial notices will be mailed directly to you and your employer will also be notified so as not to be in violation of the Municipal Code.

Different permit applications require specific information. A massage technician permit may also require aptitude testing. Please telephone Detective Michael Han at 310-412-5515 to obtain scheduling information or if you have any questions regarding this process. Your permanent permit cannot be issued until you have **completed** and **passed** any required tests.

Please sign and date this letter below acknowledging your understanding of the process and the issuance of a temporary 90-day permit. Your signature will also attest as an applicant, the desire and request for the Chief of Police of the City of Inglewood, and/or his agents, employees, or lawful representative to take your photograph and fingerprints and forward them, or the classification for such identification, to the Federal Bureau of Investigation or any other law enforcement agency which, in the opinion of the Chief of Police, will serve to disclose any record or arrests to which you may have been subject which resulted in convictions.

Your signature will further agree to hold the City of Inglewood, its officers, agents, or lawfully delegated representatives harmless from any action or actions or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a record check.

Applicant's Signature: _____

Date: _____

Witnessed By: _____

INGLEWOOD POLICE DEPARTMENT
ONE MANCHESTER BOULEVARD
INGLEWOOD, CA 90301
(310) 412 - 5515

WORK PERMIT APPLICATION

(Type or print clearly in ink)

1. Name of Applicant: _____
Last First Middle
2. Job Title: _____
3. Name of Business Establishment: _____
4. Business establishment address: _____
5. Business Telephone Number: () _____

I understand that this application is a public document. Any information provided on this form will be available for public inspection (Business & Professions Code § 19820).

Applicant Signature

Date

Owner or Hiring Agent Signature

Date

NOTICE

AN APPLICATION MAY NOT BE WITHDRAWN WITHOUT THE PERMISSION OF THE
CHIEF OF POLICE.

FOR DEPARTMENT USE ONLYWP/Control # _____
Date Received _____
Fee Received _____
Reviewed By _____**PERSONAL INFORMATION QUESTIONNAIRE**

Type or print clearly in ink an answer to every question. If the space available is insufficient, use a separate sheet and precede each answer with the appropriate question number. If a question does not apply to you, so state with "N/A." Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

You are advised that this personal history record is an official document. Any misrepresentation or failure to reveal requested information may be deemed to be sufficient cause for the denial of your application, or revocation of your permit.

NAME OF BUSINESS ESTABLISHMENT: _____

1. PERSONAL INFORMATION:

Last Name		First Name		Middle Name	
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise					
Present Resident Address		City, State, ZIP		Home Phone Number (Include Area Code)	
Occupation:					
Social Security Number		Driver's License Number		State Issued	Expiration Date
Date of Birth			Place of Birth (City, State)		
Sex: ☐ Male ☐ Female	Eye Color	Hair Color	Weight	Height	Race / Ethnicity
Marks, Scars, Tattoos:					
Are you a United States Citizen? Yes ☐ No ☐ Resident Alien: Yes ☐ No ☐ Alien Registration Number _____					
If Naturalized, Certificate Number _____ Place of Naturalization _____					
Date: _____					

2. RESIDENCE: excluding your current residence, list all residences you have had for the last 3 years.

Month and Year From – To	Street and Number	City	State / ZIP Code

3. **EMPLOYMENT:** Beginning with your current employer, list all places of employment where you have worked during the last 3 years.

Name of Employer	Location	Job Title	Month / Year From – To	Reason for Leaving

4. **ARRESTS:**

- A. Have you ever been convicted of a misdemeanor or felony? List all convictions even if you have petitioned the court to set them aside and have been told that the conviction(s) have been sealed or expunged. ☐ Yes ☐ No

- B. Are you currently on probation? ☐ Yes ☐ No

If your answer to 4 A. or B. was "yes" provide details here				
Date of Arrest	Arresting Agency Location – City & State	Original Charge (If Any)	Final Charge (if amended or reduced)	Disposition (dismissed, not guilty, convicted, or expunged)

5. **LICENSING HISTORY:**

- A. Have you ever applied to any local, state, or federal governmental agency for a Work employee permit, badge, or licensing in any state? ☐ Yes ☐ No

- B. Have you ever been denied a work permit or license by any law enforcement agency, or had any such permit or license revoked or suspended? ☐ Yes ☐ No

If your answer to 5 A. or B. was "yes," provide details here. If you have been denied, revoked, or withdrawn an application, provide details here				
Local Government Agency	Type of Application	Approved or Denied	Dates Held	Reasons for Denial, Revocation, or Suspension

6. EDUCATION (Massage Technician ONLY):

Refer to Job Bulletin for the position for which you are applying. List specific education, training, license, certificate, and experience relevant for the position. Only those applications indicating the required combination of education and training will be accepted for further consideration for employment.																
EDUCATION Circle the highest grade you completed:										HIGH SCHOOL GRADUATE			☐ Yes ☐ No			
1	2	3	4	5	6	7	8	9	10	11	12	PASSED HIGH SCHOOL EQUIVALENCY TEST			☐ Yes ☐ No	
NAME AND LOCATION OF COLLEGE OR UNIVERSITY, TRADE OR SERVICE SCHOOL										COURSE OF STUDY			FROM – TO (MONTH/YEAR)		DEGREE	

CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES, MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS:

DECLARATION

STATE OF _____

COUNTY OF _____

I, _____, attest that I have read the foregoing Work Permit Questionnaire and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of my permit.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, 20____, at _____
City, State

Signature of Applicant

Witness

INGLEWOOD POLICE DEPARTMENT

BACKGROUND INFORMATION RELEASE AND AFFIRMATIONS

I, _____ do hereby authorize the City of Inglewood, the Inglewood Police Department, employees and representatives to conduct a full background investigation including the right to obtain automated and manual criminal history information which pertains to me, and prepare a report thereon as designated by the City Manager.

I further authorize and consent to the taking and forwarding of my photograph, fingerprints or the classification of my fingerprints, so that they may serve to verify or prove my identity or disclose any criminal record with the Federal Bureau of Identification, the California Department of Justice or any other law enforcement agency.

I further authorize the City of Inglewood and its employees to forward any of the information which it deems relevant to any person or persons responsible for making employment decisions at Hollywood Park Casino. I recognize the information provided herein is subject to verification by state and federal law enforcement agencies and that any information submitted which is determined to be inaccurate or incomplete by omission may be grounds to reject my application for employment as a general employee or manager.

Copies of this form and my signature should be accepted as if they were original authorization.

Date: _____ Signed: _____

INGLEWOOD POLICE DEPARTMENT

WORK PERMIT VERIFICATION FORM

The following is to be completed only by Police Personnel:

<u>FORMS COMPLETED:</u>	<u>CHECK OFF</u>	<u>EMPLOYEE ACCEPTING:</u>
Work Permit Application	_____	_____
Finger printing and photos	_____	_____
Copy of Identification	_____	_____
Birth Certificate (INS Form)	_____	_____
Application fee / or copy of Receipt from Business License	_____	_____
Completion of application information Form / Tests	_____	_____
Copy of Massage Certification Or Diploma of 160 hr. course (if applicable)	_____	_____
Computer search run by (wants/warrants)	_____	_____
Work Permit issued by	_____	_____

APPLICATION PROCESSED

BY: _____ DATE/TIME _____

**PERSONNEL WILL VERIFY ALL COMPLETED
STAGES OF THE APPLICATION PROCESS WITH
THEIR SIGNATURE.**