SUPPLEMENTAL APPLICATION

Note: *This supplemental application* ***must*** *be submitted with your County of Los Angeles Sheriff's Department Employment Application. Your answers to the following questions will be verified by the training supervisor.*

1. In the past five years, how many dispatchers have been assigned to you for training?

   ☐ None ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six or more

2. Please provide the name of each PRDI you trained and the approximate month and year when the training took place. If you have trained more than six dispatchers, list the six most recent trainees.

Name of Trainee	Month/Year Training Occurred
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Certification by the Applicant: I certify that all statements made in this supplemental application are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts may subject me to disqualification from this exam.

_____ Applicant's Name (Print)

_____ Applicant's Signature

_____ Date