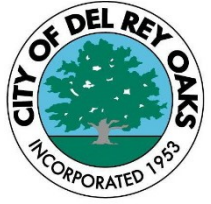




DEL REY OAKS POLICE DEPARTMENT

650 CANYON DEL REY ROAD - DEL REY OAKS, CA 93940
PHONE: (831)-394-9333 FAX: (831)-394-1596



Welcome to the cannabis employee application process.
Please read the following instructions and application carefully.

1. Complete the background application thoroughly and accurately. **NOTARY FORM MUST BE COMPLETED AND YOUR SIGNATURE NOTORIZED PRIOR TO YOUR APPOINTMENT.**
2. Date, print and sign your name in a legible fashion.
3. You will be required to complete the Livescan process **BEFORE** your appointment at the Del Rey Oaks Police Department. **Please bring a copy of your Livescan form filled out by the Livescan provider.** A current list of Livescan providers can be found at <https://oag.ca.gov/fingerprints/locations>.
4. You must bring the original application and valid identification, such as a driver's license, state identification card, military identification, or passport with you to your appointment. A current photograph will be taken at the time of your appointment. **(Note: Applicants who do not have the original application and valid ID will be turned away.)**
5. Once the application review / investigation has been completed, the Chief of the Del Rey Oaks Police Department or his designee will provide you with a **Written Authorization Letter (WAL)** granting your application. If denied, the applicant and employer will be notified in writing of the reason for the denial. **Applicants should expect the background process to take a minimum of 30 days.**
6. Upon completion of the application review / background investigation, the Del Rey Oaks Police Department will notify the appropriate Cannabis Employee and Employer whether your **WAL** has been approved or denied.
7. The **WAL** is valid for the duration of the applicant's employment for a specific cannabis related business in the City of Del Rey Oaks. Applicants must reenter the City of Del Rey Oaks cannabis employee application process if their employment is terminated for any reason or if they are leaving a one cannabis related business to join another.
8. At the time the application is submitted, the applicant shall provide an initial deposit in an amount established by the Chief of Police or his designee to cover the cost of the background investigation, which shall be used and drawn upon to cover the actual cost of the investigation. If the amount of the deposit is insufficient, the applicant shall provide additional amounts necessary to complete the investigation. The investigation shall cease and shall not continue until such additional amounts are paid. Upon completion of the investigation or in the event the applicant withdraws their application, any unused amount will be refunded to the applicant within thirty (30) days.

For appointments or questions about the process, email cbourquin@delreyoaks.org. Please provide your contact information including name and phone number and the name of the business you are applying for.



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Del Rey Oaks Muni Code 5.20.060(N)

Background Check. Every person listed as an owner, manager, supervisor or employee of the Commercial Cannabis Business must submit fingerprints and other information deemed necessary by the Chief of Police or their designee for a background check by the City of Del Rey Oaks Police Department. No person shall be issued a permit to operate a Commercial Cannabis Business unless they have first cleared the background check, as determined by the Chief of Police, as required by this section. A fee for the cost of the background investigation, which shall be the actual cost to the City to conduct the background investigation, shall be paid at the time the application for a Commercial Cannabis Permit is submitted. The applicant(s) shall provide an initial deposit in an amount the Chief of Police or his designee estimates will cover the cost of the background investigation, which shall be used and drawn upon as a retainer to cover the actual costs of such investigation. If this amount is not sufficient, the applicant shall provide additional amounts that are necessary and if the applicant is unable to provide the additional amounts necessary to complete the investigation, the investigation shall cease and shall not continue until such additional amounts are paid. Upon completion of the investigation or in the event the applicant withdraws their application, any unused amount will be refunded to the applicant within thirty days.



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PERSONAL INFORMATION *All info Mandatory*

Last Name First MI

Alias/Maiden Name First MI

Residence—Address Apt. City State Zip

Mailing Address * Provide a mailing address only if different than the Residence Address.

Home Phone Cell Phone

*Note: At least one phone number is required.

Drivers License/ ID Card # State Expiration Date Social Security Number

Date of Birth City & State of Birth Male Female

Hair Color Eye Color Height Weight Right Handed Left Handed

WORK HISTORY

Please list each job (including current) held within the past (5) five years. If you have no work history to list, you may go to the next page.

EMPLOYER POSITION FROM/TO (MM/YYYY) CITY,STATE REASON LEFT



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3. Within the ten (10) year period immediately preceding the submission of this application have you been convicted of any misdemeanor involving dishonesty, moral turpitude, prostitution, sale or possession for sale of a controlled substance, gambling, or any other crime substantially related to the qualifications, functions, or duties of the Cannabis Business, not including any convictions that have been expunged or dismissed as provided by law?

Yes

No

ARREST DATE (mm/yyyy)	AGENCY	CITY/STATE	OFFENSE	DISPOSITION

4. For the purpose of this permit, who will be your employer?

Business Name: _____

Address: _____

Phone Number: _____

Hire Date: _____

Position: _____

Supervisor's Name: _____



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PLEASE READ CAREFULLY BEFORE SIGNING:

I have read the foregoing application and know the consequences thereof; that the statements contained on this application contain a full and true account of the information requested; that any misrepresentation of facts or failure to reveal information requested may be deemed sufficient cause to deny the issuance of my **WAL**. I am aware that late notifications or an omission or misrepresentation made on the application may be grounds for the revocation, denial or suspension of my **WAL** pursuant to Del Rey Oaks Municipal Code, Section **5.20.060.N** (See Attached).

I understand that my WAL could be cancelled, without prior notice, by the Chief of Police or his designee if future criminal behavior occurs and/or substantive actionable information is learned about the applicant.

I certify under penalty of perjury under the laws of the State of California that the statements I have made on this application are true and correct. I have completely read this application and by signature acknowledge that I understand it.

Applicant Signature: _____

Date: _____

THIS IS AN APPLICATION ONLY, NOT PERMISSION TO WORK

Received by: _____

Date: _____