

Torrance Police Department
“Pay to Stay – Inmate Worker Program” Application

Last Name

First Name

Middle Name

List all other names ever used - AKA's, Monikers, Nicknames etc.

Place of Birth - City, State and Country

Home Address: Number - Street - City - State – Zip

Date of Birth

Age

Sex M/F

Race

Hair

Eyes

Ht.

Wt.

Driver's License#

State

Social Security #

Home Phone

Work Phone

Cell Phone

Pager #

Employer's Name

Occupation

Employer's Address: Number - Street - City - State - Zip

Doctor's Name

Doctor's Phone

City

Do you have any medical problems? Yes / No - If yes, what? _____

Are you taking prescription medication? Yes / No - If yes, what? _____

What crime were you convicted of? _____

How much time are you required to serve? _____

When do you want to start serving your time? _____

Emergency Contact: name and phone #, including cell phone #: _____

Applicant's Signature

Date

Mail this completed application with a copy of your Court Commitment Order (CR57) to:

Fax this completed application and Court Commitment Order (CR57) to:

**Torrance Jail Supervisor
Pay to Stay – Inmate Worker Program
Torrance Police Department
3300 Civic Center Drive
Torrance, CA 90503**

OR

**Torrance Jail Supervisor
Pay to Stay – Inmate Worker Program
(310) 618-5660**

If you have any questions, please contact the Torrance Jail Supervisor at **(310) 618-5638**.