OFFICE USE ONLY-DO NOT FILL IN

P#	J#	Case#	Date
Time Booked	**Booked By**	**Searched By**	**Charge: Court Commitment**

PASADENA POLICE DEPARTMENT – JAIL SECTION

Fee Paying–Inmate Worker Application

Applicants Name _____
(Last) (First) (Middle)

Aliases: _____

Address _____
Number Street City State Zip Code

Birthdate _____ Age ____ Sex ____ Race ___ Hair ____ Eyes ____ Height ____ Weight ____

Driver License Number _____ State _____ Social Security Number _____

Home Phone (_____) _____ Work Phone (_____) _____

Pager (_____) _____ Cellular Phone (_____) _____

Employer _____ Occupation _____

Address _____ Health Care Provider _____

In Case of Emergency, Notify: Name/Relationship _____

Home Phone (_____) _____ Work Phone (_____) _____

Address _____

Do you have any medical problems? _____ Are you taking prescription medication? _____

What were you convicted of ? _____ How much time do you have to serve? _____

When do you want to start serving your sentence? _____

Which program are you interested in? (Circle One) Work Furlough Straight Time

Applicant Signature _____ Date _____

Complete this application and mail it along with a copy of your **COURT COMMITMENT ORDER and **current TB Test** to:*

Pasadena Police Department – Jail Section
ATTN: Jail Supervisor
207 N. Garfield Avenue
Pasadena, CA 91101
or FAX to
(626) 744-4588