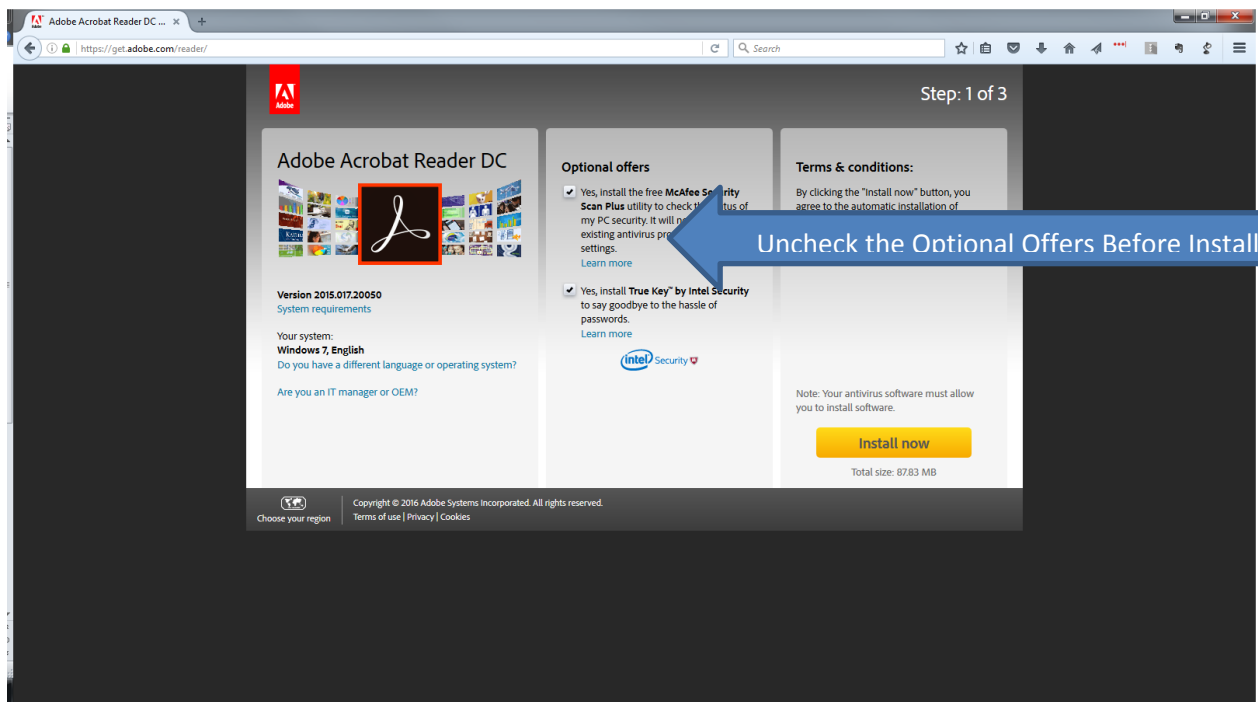


1. In order to properly fill out and automatically email the Additional Information Form (AIF) back to DWP Employment Services, you will need to have Adobe Reader installed on your computer.

Please click on the following link to install Adobe Reader

<https://get.adobe.com/reader/>

Note: You should uncheck the “Optional Offers” check box before clicking on the “Install Now” Button. Please refer to image below.



2. If after completing the AIF the “Click to Email to DWP” button

**Click to Email to DWP**

(on the bottom of page 2) does not work,

complete the form, save it and attach it to an email to:

[Employment.Services@ladwp.com](mailto:Employment.Services@ladwp.com)

## CITY OF LOS ANGELES ADDITIONAL INFORMATION FORM

Please complete all the fields below. If the question does not apply to you, please indicate N/A.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last four Digits of your Social Security Number \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

**PLEASE NOTE:** A plea of “nolo contendere” has the same force and effect as a guilty plea, is considered a conviction, and must be disclosed. Include any convictions by military trial. List ***all*** cases other than minor traffic violations. (*Driving under the influence, reckless, or hit-and-run driving are NOT minor traffic violations.*) Being placed on probation, fined, or given a suspended sentence in court is considered a conviction. Your fingerprints will, at some point, be sent to State and Federal agencies and all offers of employment or continued employment will be subject to satisfactory review of any criminal convictions. A full disclosure by you is to your advantage, as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s), recency of offense(s), as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account.

**HOWEVER, A CONVICTION OR A PLEA OF “NOLO CONTENDERE” TO WORKERS’ COMPENSATION FRAUD (either a felony or a misdemeanor) WILL RESULT IN YOUR DISQUALIFICATION FOR EMPLOYMENT WITH THE CITY OF LOS ANGELES. FAILURE TO ADMIT ANY CONVICTIONS WILL ALSO RESULT IN DISQUALIFICATION.**

**Promotional Applicants:** With the exception of a misdemeanor conviction for workers’ compensation fraud, or a plea of “nolo contendere” to a misdemeanor for workers’ compensation fraud, **promotional applicants** are not required to list misdemeanor convictions occurring prior to original appointment, if employed by the City for at least one year. **Promotional applicants** must answer ‘yes’, and list any felony convictions, regardless of when they occurred.

Applicants are not required to disclose marijuana possession related convictions over two years old in accordance with California Labor Code Section 432.8.

1. Have you ever been CONVICTED of a MISDEMEANOR other than minor traffic violations?  
NO \_\_\_\_\_ YES \_\_\_\_\_ (provide information below)
2. Have you ever been CONVICTED of a FELONY?  
NO \_\_\_\_\_ YES \_\_\_\_\_ (provide information below)
3. Have you ever been CONVICTED of WORKERS’ COMPENSATION FRAUD as either a misdemeanor or felony?  
NO \_\_\_\_\_ YES \_\_\_\_\_
4. List all convictions including Offense, Location, Conviction Date, Fine or Sentence. (Cite Penal Code if known). Enter N/A if you answered ‘No’ to all the questions above.

<u>OFFENSE</u>	<u>LOCATION</u>	<u>CONVICTION DATE</u>	<u>FINE OR SENTENCE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*\*Additional Conviction Information on Reverse Side

I certify that all statements on this form are true. I understand that intentionally false or incomplete statements may be sufficient cause for disqualification or dismissal.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To Be Completed by Hiring Department:**

Reviewed by: \_\_\_\_\_ Review Date: \_\_\_\_\_ Review Status:  Hire  Non-Select

**To Be Completed by Personnel Department:**

Reviewed by: \_\_\_\_\_ Review Date: \_\_\_\_\_ Review Status:  Cleared  Disqualified

## ADDITIONAL INFORMATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last four Digits of your Social Security Number \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

<u>OFFENSE</u>	<u>LOCATION</u>	<u>CONVICTION DATE</u>	<u>FINE OR SENTENCE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**To Be Completed by Hiring Department:**

Reviewed by: \_\_\_\_\_ Review Date: \_\_\_\_\_

Review Status:  Hire  Non-Select