

Signature

SACRAMENTO COUNTY SHERIFF'S DEPARTMENT RESERVE DEPUTY APPLICATION

Application instructions: Please attach current POST certificate with this form

Applicant Information							
Reserve Level Applying For:	1						
LAST NAME FIRST NAME		=		MI.	Sex: M F	DOB:	
Social Security #		Driver License #			License State	332.	
•						Claio	
Current Address: Street & Apt.			City				Zip
Phone (Day): Phone (Ever		ning):		Email:			
Previous Address: Street & Apt.				City	Zip		
Place of Birth: City			State	Status: Marri	ed Single Divorced		
Do you have a current handgun permit? Yes No			Permit # Permit Issue			State:	
Have you ever been arrested? Yes No If yes, explain		n charge & when:					
Have you ever been convicted of a felony? Yes No			If yes, when & explain				
Citizenship: United States Yes No							
Education							
High School:			City		State		
Graduated: Yes No	luated: Yes No Year Grad:		GED Yes No Year Rec'd:				
College:		City			State		
Graduated: Yes No Year Grad:		Degree:			1		
Other		City		State			
			Did you graduate? YES NO				
From To		Degree					
Employment							
Company (Most Recent)							
Address		City			State		
Beginning Ending		Supervisor: Phone ()					
Military Service							
From To Rank at Dis		Rank at Disc	harge		Type of Discharge		
Disclaimer and Signature							
I hereby certify, under penalty of perjury, that all statements made on this application are							
true and complete to the best of my knowledge. I understand that any false, incomplete or							
incorrect statements may result in my disqualification from the examination process or dismissal from employment with the Sacramento County Sheriff's Department.							
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Date: