

YUBA COUNTY SHERIFF'S DEPARTMENT

CADET VOLUNTEER APPLICATION

REVISED 9-2016/SN

215 5th Street, Suite 150
Marysville, CA 95901
530-749-7777

Important: Please type or complete this application in ink. Answer all questions as completely and accurately as possible. If you need additional space use the area on the back of the application.

1. Personal Information

Last Name:	First Name:			Middle:
Street Address:	City:	State:	Zip Code:	Primary Contact Number:
CA Driver's License #:	Social Security #:			Date of Birth:
Do you have any criminal convictions (exclude minor traffic violations)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain the details:				

2. Employment History: (List your most recent job first)

Name of Employer:	Supervisor:	From:	To:
Address:	Phone Number:	Position Held:	
Name of Employer:	Supervisor:	From:	To:
Address:	Phone Number:	Position Held:	
Name of Employer:	Supervisor:	From:	To:
Address:	Phone Number:	Position Held:	
Name of Employer:	Supervisor:	From:	To:
Address:	Phone Number:	Position Held:	

3. Education:

High Schools Attended:			
Name of High School :	City/State:	From:	To:
Name of High School :	City/State:	From:	To:
Did you graduate from High School? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Colleges Attended:			
Name of College:	City/State:	Degree:	
Name of College:	City/State:	Degree:	

4. References: (List 4 people that know you well.)

Name:	Phone Number:
Address:	How long have you known this person?
Name:	Phone Number:
Address:	How long have you known this person?
Name:	Phone Number:
Address:	How long have you known this person?
Name:	Phone Number:
Address:	How long have you known this person?

Are you a United States Citizen? Yes No

Are you a United States Veteran? Yes No

Have you ever attended a POST Basic Academy? Yes No

Have you ever worked as a Peace Officer, either Part or Full Time? Yes No

5. Additional Space: (To complete your answers or list special qualifications you would like considered)

Please sign and date this application:

Signature of Applicant:	Date:
If the applicant is under 18 years of age, a parent or legal guardian must also sign this application.	
Signature of Parent of Legal Guardian:	Date: