

# YUBA COUNTY SHERIFF'S DEPARTMENT

## PATROL RESERVE APPLICATION

REVISED 9-2016/SN

215 5<sup>th</sup> 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:
Mailing Address:		City:	State:	Zip Code:
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:

<b>High Schools Attended:</b>			
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"/>			
<b>Colleges Attended:</b>			
Name of College:	City/State:	Degree:	
Name of College:	City/State:	Degree:	
<b>Academies:</b>	Basic: <input type="checkbox"/> Level I: <input type="checkbox"/> Level II: <input type="checkbox"/> Level III: <input type="checkbox"/>	<b>Post Certificates:</b>	B: <input type="checkbox"/> I: <input type="checkbox"/> A: <input type="checkbox"/> S: <input type="checkbox"/> M: <input type="checkbox"/> N/A: <input type="checkbox"/>

**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.)


Upon receipt of this application, the Operations Reserve Coordinator will determine if you are eligible for further consideration. When enough qualified applications have been received, all eligible applicants will be invited to an oral board interview. Applicants selected during the interview will be required to participate in a thorough background process which includes a psychiatric evaluation and physical examination all of which must be successfully completed to be considered for employment.

Please sign and date this application:

Signature:	Date:
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