



County of Solano Employment Application

10031

Recruitment Number

- -

Fill Circles completely for your choices. If a mark lies entirely outside of the circle, it will not be counted. Example:
 My choice A choice not selected

Job Title

Reserve Deputy Sheriff

First three letters of last name at birth

Last four digits of Social Security Number

Month of Birth

Day of Birth

Last Name

First Name

MI

Mailing Address (please include apartment number)

City

State Code

Zip/Postal Code

Country

E-Mail Address (Optional) **Provide only if we may contact you primarily via e-mail.** Please write clearly so that we can tell the difference between letters and numbers, e.g., "O" and "0" (zero); "l" or "L" and 1 (one)

Email

Day Phone Number:

- -

Ext.

OK to leave message? Yes No

Evening Phone Number:

- -

OK to leave message? Yes No

Alternate Phone Number:

- -

OK to leave message? Yes No

Yes No Do you have a valid driver's license? If Yes,

Driver's License Number

Driver's License State

The County reserves the option to certify applicants based on their interest in Full-time, Part-time, Limited Term or Extra Help employment. If we exercise the option, please check the following to indicate the type of employment you are willing to accept. (Check all that apply).

Full-Time Part-Time Limited Term Extra-Help

FOR OFFICIAL USE ONLY (Do not write in this space)

C Ltr _____ Eligible _____ Ineligible _____ Reason _____

Veterans Preference _____

Date Received

/ /

Received By

Number of Pages (not blank)

County Promo _____



10031

Last Name _____ First Name _____

Position applied for:

Professional License or Certificate (If specifically required for position)

License or Certificate Type _____

Date Expires _____ (mm/dd/yy) Number _____

License or Certificate Type _____

Date Expires _____ (mm/dd/yy) Number _____

Did you graduate from High School, have a GED, or pass a High School equivalency exam? Yes No

EDUCATION: You need only include education you believe relates to the position for which you are applying, as indicated in the Experience/Education portion of the job announcement. Be complete. Your application will be evaluated based on this information.

School Name / Location		Subject Major / Minor	# Units Earned		Degree Pursued	Degree Earned
Name of School	City & State		Sem	Qtr		
					<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> 2yr <input type="radio"/> 4yr <input type="radio"/> Mstr <input type="radio"/> Doct <input type="radio"/> Cert <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No

CERTIFICATION OF APPLICANT (read carefully):

I understand that the information I provide on this form will be used to determine whether I meet the requirements for this recruitment only and may serve as a basis for arriving at my final rating; any omission or misrepresentation of material fact in this application may result in refusal of, or separation from employment. I hereby authorize the County to make any investigation of my background deemed necessary. I authorize Solano County to contact my previous and current employers as listed and authorized in this application to verify the accuracy of the information I provided.

Signature _____ Date _____

EMPLOYMENT HISTORY

YOU MUST COMPLETE THIS SECTION. Begin with your most recent experience, starting with your current job. Be sure to include all experience, regardless of dates, which demonstrates that you meet the minimum requirements as shown on the announcement for the position. Attach additional sheets if you need more space to describe duties or list former employers. Describe your duties as completely as possible. Incomplete information may cause a delay in processing your application. If you supervise(d) employees, include the number of employees you supervise(d). If you held more than one position with the same employer, list each separately

Employer: _____ Dates Employed: From / / To / /
Mo. Day Year Mo. Day Year

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Your Job Title: _____

Name and Title of Supervisor: _____ Work phone #: _____

of employees supervised: _____

Duties Performed: _____

Reason For Leaving: _____

Last Salary: \$ _____ Per _____ Please do NOT contact present employer

Employer: _____ Dates Employed: From / / To / /
Mo. Day Year Mo. Day Year

Address: _____
Street Name City State Zip

Hours Worked Per Week: _____ Your Job Title: _____

Name and Title of Supervisor: _____ Work phone #: _____

of employees supervised: _____

Duties Performed: _____

Reason For Leaving: _____

Last Salary: \$ _____ Per _____