

**SONOMA COUNTY SHERIFF'S OFFICE
DETENTION ALTERNATIVES UNIT
ELECTRONIC MONITORING PROGRAM**

2254 Ordinance Road

Santa Rosa, CA 95403

(707) 578-6042 Fax (707) 544-0155

DATE: _____

D/L# _____

SUBMIT COMPLETED APPLICATION TO ABOVE ADDRESS OR FAX NUMBER

Last Name: _____ First: _____ Middle: _____

Other Names: _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Driver's License Number: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Primary Language: _____

Home Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Mailing Address (If different): _____

City: _____ State: _____ ZIP Code: _____

Employer: _____ Occupation: _____

Number of hours worked a week: _____ Hourly Wage: _____

Work Street Address: _____

City: _____ State: _____ ZIP Code: _____

Work Phone: _____ Supervisor's Name: _____

I declare that I am the above named subject's employer/supervisor and as such understand I have an obligation to the Sheriff's Office to report all absences not previously scheduled. If the employee leaves work early or arrives late, uses controlled substances or appears under the influence of a controlled substance, I will immediately notify the program office.

Employer's Signature

Print Name

Date

WEEKLY WORK SCHEDULE

	Arrive Work Time	Depart Work Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you covered by Worker's Compensation Insurance?: _____

If not, do you have other insurance coverage?: _____

Do you have medical/personal problems that might interfere with the program(s) you are applying for?

If yes, explain: _____

