

**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: \_\_\_\_\_

