

City of Sanger 1700 7th Street, Sanger, California 93657

Date Received:

Received by:

				(Print	Position 7	Γitle)		
	and a state of	Ap	plican	t Infor	mation			
Full Name:			Athenisones	e-transfed.c	ISSOCIATION OF THE PERSON OF T		Date:	
T dir I dirio.	Last	Fir	st			M.I.	Date	_
Address:								
	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:				Email				
CA Driver's Class/No.:	License			Sc				
Do you have limit your ab	e any physical condition which ility to perform the job applied	h may d for?	YES	NO		f employment may g a physical exami	be made contingent uponation.	מנ
Are you a ci	tizen of the United States?	YES	NO	lf no	, are you	authorized to wo	YES Nork in the U.S.?	
	ver been discharged or forced many position?	YES		lf yes, p explain:				
employer or	bject to having your present past employers contacted in ur work record, qualifications, c.?	YES	NO	lf yes, p explain:	 lease			
Do you spea please speci	ik a language fluently other th	nan Englis	h? If so	0,				
			Edu	cation	N	VIII NAMED IN		
High School			Addres	s:				
From:	To:	Did you g	raduate	YES	NO	Diploma::		
College:			Address	s:				
From:	To: I	Did you gı	raduate	YES	NO	Degree:		_
Other:		/	Address	s:				
From:	To:	Did you gr	aduate	YES	NO	Degree:		

Other Training For example, special courses, work training program, and military training. Also, list certificates or licenses of Professional or Vocational competence. References Please list three personal references. Do not give names of relatives. **Business** or Full Name: Occupation: Company: Phone: ____ Address: Business or Full Name: Occupation: Company: Phone: Address: **Business** or Full Name: Occupation: Company: Phone: Address: Previous Employment Please list all jobs, and any periods of unemployment in the last 10 years. (Attach an extra sheet if necessary.) Company: Phone: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: _____To: From: Reason for Leaving: YES NO May we contact your previous supervisor for a reference? Company: Phone: Address: Supervisor: Job Title: _____ Starting Salary:\$ Ending Salary:\$ Responsibilities: _____ To: Reason for Leaving: From: YES NO May we contact your previous supervisor for a reference?

Company:				Phon	e:	
Address:				Superviso	or:	
Job Title: Si	tarting Sala	ary: <u>\$</u>		Ending	Salary:\$	
Responsibilities:					.	
From: To:	F	Reason fo	r Leaving:			
May we contact your previous supervisor for a refere	ence?	YES	NO			
M	Military S	ervice		47.	- 20	
Branch:			From:		To:	
Discla	imer and	l Signat	ure		\/E0	NO.
Do you have any relatives working for the City of Sal	nger?				YES	NO
of my application, removal of my name from eligib	ility list or	dismissa	i from em	oloyment.		
Signature:				Date:		
Signature:				Date:		
Signature:				Date:		_
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Signature:				Date:		
Signature:				Date:		
Signature:				Date:		
How did you learn of recruitment announcement				Date:		



City of Sanger

Police Department

1700 Seventh Street
Sanger, CA 93657
559.875.8522 • Fax 559.875.5391
http://www.ci.sanger.ca.us/police.asp



Sanger Explorer Supplemental Application

Date:		
Name:Last	First	Middle
Email:		
Social Security Number:		Age:
Other Names Used:		
Date of Birth:		
List special skills, interests, and	d/or hobbies:	
List current or previous experi clubs:	ence with organizations, civ	
		· · ·
List previous police experience	s:	

Qualities you must possess to be Sanger Police Explorer:
☐ Must live in the City Of Sanger or be a Sanger Unified School student.
☐ Must be between the age of 14-20.
☐ Must be of good moral character.
☐ Have no misdemeanor or felony records.
☐ Must be enrolled in school, and have a 2.0 grade point average.
☐ Must be free from any physical limitations that may prevent you from doing any duty assignment.
Please list any other services/talents that you are interested in providing:
Do you have a California Driver's License: yes or no.
If yes please list the Driver's license number
Signature of Applicant Date