



**Central Marin Police Authority**  
**250 Doherty Drive**  
**Larkspur, CA 94939**



PLEASE PRINT LEGIBLY OR TYPE  
 INCOMPLETE OR IMPROPERLY COMPLETED APPLICATIONS WILL BE RETURNED

EMPLOYMENT APPLICATION FOR:

State Exact job title

1. \_\_\_\_\_  
 First Name Middle Name Last Name Social Security No.

2. HOME ADDRESS \_\_\_\_\_  
 Number Street City State Zip

3. TELEPHONE \_\_\_\_\_  
 (Home) (Business) (Cell)

3a. Email Address \_\_\_\_\_

4. (a) POLICE OFFICER APPLICANTS: Can you show proof that you are at least 21 years old at time of hire? YES NO  
 (b) OTHER APPLICANTS: Can you show proof that you are at least 18 years old at time of hire? YES NO  
 (c) Can you show proof of your legal right to work in this State at time of hire? YES NO

5. MILITARY SERVICE \_\_\_\_\_  
 Branch Dates Serial Number Rank at Discharge  
 \_\_\_\_\_  
 Type of Release Reserve Status Selective Service Class

6. HAVE YOU EVER BEEN CONVICTED OF ANY CHARGES OTHER THAN MINOR TRAFFIC CITATIONS? YES NO

7. **EDUCATION**

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	High School Last Attended	Location			Graduated	
		Major Subject	Semester Units	Quarter Units	Degree	Mo./Yr.
College(s) or Trade School(s) Attended & Location						

8. Have you completed a P.O.S.T. Basic Academy? YES NO  
 If yes, name of Academy and graduation date: \_\_\_\_\_

9. Typing Speed: \_\_\_\_\_ Drivers License: \_\_\_\_\_  
 Serial Number License Expiration Date / State

AN EQUAL OPPORTUNITY EMPLOYER

**10. CURRENT EMPLOYMENT**

Employer _____	Title and Duties _____
Address _____	_____
_____	_____
Phone ( ) _____	_____
Supervisor _____	_____
From _____ Salary _____	Reason for Leaving _____
May we contact your present employer?      YES      NO	

**PREVIOUS EMPLOYER**

11. List most recent experience first. Carefully account for all employment, paid or unpaid, OVER THE LAST 10 YEARS. If you wish to elaborate on your experience, a supplemental sheet may be attached, but this section must be completed.

Employer _____	Title and Duties _____
Address _____	_____
_____	_____
Phone ( ) _____	_____
Supervisor _____	_____
From _____ Salary _____	Reason for Leaving _____
Employer _____	Title and Duties _____
Address _____	_____
_____	_____
Phone ( ) _____	_____
Supervisor _____	_____
From _____ Salary _____	Reason for Leaving _____

**REMARKS (identify each by number). Attach additional sheet if necessary.**

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The Central Marin Police Authority accepts for employment and promotes its employees without regards to race, color, religion, sex, age, marital status, national origin, ancestry, physical or mental handicap unrelated to ability of an individual, or an unfavorable discharge from military service, and bases appointments and promotions on merit, experience, and other qualifications applied fairly to all applicants and in accord with the State and Federal law. I understand that public safety applications are required to submit to pre-employment drug screening.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form, will be sufficient reason not to hire me and may be cause for my dismissal.

I understand the Central Marin Police Authority is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**