

Please print your name

DEPUTY SHERIFF I – POST ACADEMY GRADUATE
Supplemental Questionnaire

As stated in the examination announcement for this position, a properly completed Supplemental Questionnaire must be submitted with an application. Failure to submit the Supplemental Questionnaire will result in disqualification. Applications and Supplemental Questionnaires must be in the possession of the Human Resource Services Department by 4:30 p.m. on the Last Day for Filing. Postmarks are not accepted.

The purpose of this questionnaire is for you to verify further knowledge, skill or ability in job-related areas. It is critical that you fill out the Supplemental Questionnaire completely.

PLEASE MARK YOUR RESPONSES ON THIS PAGE. Print your name at the top of the page, and sign and date at the bottom.

1. Have you successfully completed a certified P.O.S.T. approved basic academy? If YES, please list the following information:
Name of Academy: _____
Date Completed: _____
Length of Academy: _____
☐ YES ☐ NO
2. Are you 21 or more years of age? ☐ YES ☐ NO
Birthdate: _____
3. Did you graduate from high school in the United States? ☐ YES ☐ NO
If not, do you have a qualifying GED? ☐ YES ☐ NO
4. Do you have a valid California Driver's License? ☐ YES ☐ NO
Number _____
5. Are you a citizen of the United States? ☐ YES ☐ NO
If not, have you applied for citizenship at least one year prior to this application? ☐ YES ☐ NO
6. Do you have normal hearing in each ear? ☐ YES ☐ NO
7. Do you have 20/70 vision in both eyes without glasses correctable to 20/20 with glasses and free from color blindness and permanent abnormality in either eye. ☐ YES ☐ NO

CERTIFICATION OF APPLICANT: I hereby certify that I am the author of this questionnaire and that all information presented is true and based on my background, skills, and experiences. I agree and understand that misstatements or omissions of material facts herein may forfeit my rights to any employment in the service of the County of Alameda.

SIGNATURE:

DATE: