

SNOHOMISH COUNTY
SHERIFF'S OFFICE - CORRECTIONS BUREAU

INTEGRITY • DIGNITY • COMMITMENT • PRIDE



*This MUST be completed prior to the interview!

COMMUNITY CORRECTIONS APPLICATION

(Please Print)

Name _____ Appointment Date/Time _____
Last First Middle

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____
Street Apt. City Zip

Mailing Address (If different) _____
Street Apt. City Zip

Court _____ Charge _____ Case # _____

Date of Birth (month/day/year) _____

Employment:

Name of Employer/School _____

Immediate Supervisor _____ Contact Phone # _____

Eligibility requires that above person be contacted _____
Signature to verify consent

Employer's Address _____
Street City Zip

Work Days _____ thru _____ or Circle Work Day M T W TH F Sa Sun Hourly Pay _____

Income Taxes/Social Security Taken Out of Pay Check Yes ___ No ___

Paid by Check: Yes ___ No ___ Scheduled Pay Day _____

If Self Employed: Business License # _____ Tax ID# _____

How Long in Business _____ Business and/or Income Taxes _____

Total Monthly Living Expenses _____

Family/Community Contacts:

Name Address (Street, Apt., City, Zip) Phone #

1. _____

2. _____

Spouse/Partner's Full Name (Maiden) _____ DOB _____

Please List any Arrests/Convictions for Spouse/Live-In Partner _____
