



County of Yolo

PROBATION DEPARTMENT

PROBATION OFFICES
2780 East Gibson Road
Woodland CA 95776
(530) 406-5320
FAX (530) 661-1211

JUVENILE DETENTION
2880 East Gibson Road
Woodland CA 95776
(530) 406-5300
FAX (530) 669-5802

Email: probation@yolocounty.org



Community Corrections

Brent Cardall
Chief Probation Officer

Employment History

<u>From /To</u>	<u>Employer Name/Address</u>	<u>Reason for Leaving</u>
<u>Position</u>	<u>Supervisor's Name</u>	

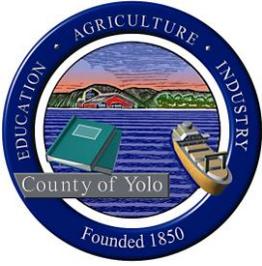
<u>From /To</u>	<u>Employer Name/Address</u>	<u>Reason for Leaving</u>
<u>Position</u>	<u>Supervisor's Name</u>	

Background Information

Have you ever been arrested?	(Yes)	(No)
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If you answered yes to the above question, please explain. Include dates and jurisdiction of arresting agency.

Signature:	Date:
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Authorization to Release Information

AS AN APPLICANT FOR A POSITION, VOLUNTEER SERVICE, APPRENTICESHIP OR INTERNSHIP WITH THE YOLO COUNTY PROBATION DEPARTMENT, I AM REQUIRED TO FURNISH THIS INFORMATION FOR USE IN DETERMINING MY QUALIFICATIONS. IN THIS CONNECTION, I DO HEREBY AUTHORIZE THE RELEASE AND FULL DISCLOSURE OF ANY OR ALL INFORMATION THAT YOU MAY HAVE CONCERNING ME, INCLUDING BUT NOT LIMITED TO INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE, TO ANY DULY AUTHORIZED AGENT OF THE COUNTY OF YOLO, PROBATION DEPARTMENT.

I HEREBY RELEASE YOU, YOUR ORGANIZATION, OR OTHERS FROM LIABILITY OR DAMAGE, WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPIES DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

THIS RELEASE WILL EXPIRE ONE (1) YEAR AFTER THE DATE SIGNED.

APPLICANT'S FULL NAME	
DATE OF BIRTH	
CALIFORNIA DRIVER LICENSE NO.	
SOCIAL SECURITY NUMBER	

Signature:	Date:
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