

**OFFICE OF THE SHERIFF
Contra Costa County**



**DAVID O. LIVINGSTON
Sheriff-Coroner**

**Michael V. Casten
Undersheriff**

**Custody Services Bureau
Custody Alternative Facility**
1011 Las Juntas Street
Martinez, CA 94553
Phone: (925) 313-4260
Fax: (925) 313-4290
Email: caf-wap@so.cccounty.us

Sheriff's Work Alternative Program Application

Booking Number	Docket Number	Original Case Number	Days
DO NOT FILL OUT THIS SHADED AREA.			

Last Name		First Name		Middle Name (Full Name)		Suffix
Home Address (include Unit Number)			City		State	Zip Code
Home Phone Number		Cell Phone Number		Other Phone Number		
Date of Birth	Gender	Race	Height	Weight	Eye Color	Hair Color
Place of Birth (City, State, Country)		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #		Driver's License / ID Number	
Driver's License Status (Check One): <input type="checkbox"/> Valid/Active <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> None Issued <input type="checkbox"/> Restricted. Explain: _____						
Have you served in a branch of the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which branch of service and rank: _____ Status: <input type="checkbox"/> Active <input type="checkbox"/> Honorable Discharge <input type="checkbox"/> Less Than Honorable Discharge <input type="checkbox"/> Dishonorable Discharge				
Employer				Occupation		
Complete Address (Address, City, Zip Code, with Unit Number)						
Business Phone Number		Supervisor Name		Supervisor Phone Number		
Emergency Contact Name				Relationship		
Address (Address, City, Zip Code, with Unit Number)				Cell / Home Phone (Circle Type)		

I understand the work to be performed is manual, unskilled physical labor.

I can perform this work. I cannot perform this work.

I hereby authorize the Office of the Sheriff-Coroner of Contra Costa County to disclose the information on this form to my assigned worksite. I understand the worksite needs this information to properly supervise me and they will be maintaining workers compensation insurance.

I state under penalty of perjury the information here is true and correct.

Signature

Date Revised 06/04/24