



APPLICATION FOR RESERVE DEPUTY SHERIFF

(PLEASE PRINT) LAST NAME		FIRST NAME		MIDDLE INITIAL	
MAILING ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS/MESSAGE PHONE		DRIVERS LICENSE NO.	STATE	EXPIRATION DATE
ARE YOU 21 YEARS OF AGE OR OLDER: <input type="checkbox"/> Yes <input type="checkbox"/> No					
ARE YOU A U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No					
DID YOU GRADUATE FROM HIGH SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF NOT, HAVE YOU PASSED A G.E.D. TEST: <input type="checkbox"/> Yes <input type="checkbox"/> No					
CONVICTIONS: Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? (Include drunk, reckless, hit-run and military convictions.) If yes, complete the section below. <input type="checkbox"/> Yes <input type="checkbox"/> No A conviction is not necessarily a bar to appointment.					
CONVICTION DATES AND NATURE:					
DO YOU HAVE PEACE OFFICERS STANDARDS & TRAINING CERTIFICATION?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must attach a copy of your Certification.					
SHIFT AVAILABLE			ALIASES/MAIDEN NAMES USED:		
___ Days Only ___ Night Only ___ Swing Shift ___ Graveyard ___ Weekend					
1. I declare that any statement in this application or information provided is true and complete. I understand that if I provide false or incomplete information it shall be sufficient cause for disqualification or dismissal. 2. I attest that I have the legal right to reside and work in the county (proof required upon employment). 3. In connection with this application, I authorize the Washoe County Sheriff's Office and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued appointment with the County and authorize the release of any such information, including, but not limited to, prior employers, and any criminal conviction on my record. Moreover, I hereby release the Washoe County Sheriff's Office and any agent acting on its behalf from any liability by reason of requesting such information from any person.					
Photocopies of any certifications and licenses required by the position announcement may be attached to this application, but DO NOT ATTACH ANY OTHER INFORMATION TO THIS APPLICATION. You may submit additional information during the background and agency interview process.					
Applicant Signature				Date	
THIS AREA FOR OFFICE USE ONLY					
Evaluated by: _____ Date: _____					
Accepted _____ Reject: _____ Reason for Rejection: _____					
Applicant Withdrew Application Date: _____					
Date Given to Backgrounds _____					