



**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		r Yes r No	
ARE YOU AU.S. CITIZEN		r Yes r No	
DID YOU GRADUATE FROM HIGH SCHOOL		r Yes r No	
IF NOT, HAVE YOU PASSED A G.E.O. TEST		r Yes r 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			
r Yes r No		<b>A conviction is not necessarily a bar to appointment</b>	
CONVICTION DATES AND NATURE			
DO YOU HAVE PEACE OFFICERS STANDARDS & TRAINING CERTIFICATION?			
r Yes r No		If yes, you must attach a copy of your Certification	
SHIFT AVAILABLE		ALIASES/MAIDEN NAMES USED	
<input type="checkbox"/> Days Only <input type="checkbox"/> Swing Shift <input type="checkbox"/> Weekend		<input type="checkbox"/> Night Only <input type="checkbox"/> Graveyard	
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 _____			

WASHOE COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER HIRING EMPLOYMENT ELIGIBLE APPLICANTS.