



Lincoln County
 Post Office Box 711
 Carrizozo, New Mexico 88301
 Phone #: 575/648-2385 ext. 100
 Fax #: 575/648-4182

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity, or any other legally protected class. Lincoln County participates with E-Verify. If you are hired for any position, federal law requires that you provide proof of your eligibility to work in the United States within 72 hours of your hire date. Failure to prove such eligibility will void the offer of employment.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
Referral Source (How did you hear about us?)		
NAME MUST MATCH THE NAME ON YOUR SOCIAL SECURITY CARD		
Last Name	First Name	Middle Name
Address (Street Name and Number, Post Office Box, City, State, Zip Code)		
Telephone Number	Cell Phone Number	Last 4 Digits of your Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 5 years? Yes No
(A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.)

If yes, please explain

EDUCATION:

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				
Indicate any foreign languages you can speak, read and/or write				
	FLUENT	GOOD	FAIR	
SPEAK				
READ				
WRITE				
List professional, trade, business or civic activities and offices held. <i>(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:)</i>				

REFERENCES:

<p>Give name, address and telephone number of three references who are not related to you and are not previous employers.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Have you ever had any job-related training in the United States military? ___ Yes ___ No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? ___ Yes ___ No

WORK EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____ Address: _____ _____ _____ Telephone Number(s): _____ _____ Job Title: _____ Supervisor: : _____ Reason for Leaving: _____	Dates Employed From To _____ _____ <u>Hourly Rate/Salary</u> Starting \$ _____ Final \$ _____ May We Contact? __ Yes __ No	Work Performed: _____ _____ _____ _____ _____ _____ _____
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Employer: _____ Address: _____ _____ _____ Telephone Number(s): _____ _____ Job Title: _____ Supervisor: : _____ Reason for Leaving: _____	Dates Employed From To _____ _____ <u>Hourly Rate/Salary</u> Starting \$ _____ Final \$ _____ May We Contact? __ Yes __ No	Work Performed: _____ _____ _____ _____ _____ _____ _____
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Employer: _____ Address: _____ _____ _____ Telephone Number(s): _____ _____ Job Title: _____ Supervisor: : _____ Reason for Leaving: _____	Dates Employed From To _____ _____ <u>Hourly Rate/Salary</u> Starting \$ _____ Final \$ _____ May We Contact? __ Yes __ No	Work Performed: _____ _____ _____ _____ _____ _____ _____
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If you need additional space, please continue on a separate sheet of paper.

COMMENT: Include explanation of any gaps in employment.

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that answers given herein are true and complete to the best of my knowledge.

As a condition for new employment, it is required that the applicant consent to and authorize a verification of background information submitted and their application and/or resume.

This release allows for a verification of your education, previous employment, and work history. Further, it authorizes contact of personal references, reviews of motor vehicle records, worker's compensation history, any criminal history records, information and credit bureau reports.

The signing of this instrument acknowledges a reading and understanding of this instrument. It acknowledges that it is authorizing the release of information from persons, schools, current and former employers, and other organizations and agencies to the County of Lincoln with all information requested except as prohibited by law. The signing of this instrument further releases all of the persons and entities providing information from any and all claims and damages connected with their release of any requested information. It is further authorized by applicant that a copy of this instrument may suffice for the original. Further, applicant by his or her signature agrees to forever release and discharge the County of Lincoln and its agents, employees, and servants to the full extent permitted by law from any claims, damages, losses, liabilities, costs or expenses, or other charge or complaint which may be filed or brought arising from the retrieving and reporting of information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

The County requires the applicant selected to fill a vacant position to take an employment physical examination to determine whether the employee can perform the essential functions of the position. The physical examination will include a substance abuse test. If the employee does not successfully complete the physical examination and the substance abuse test, it will result in immediate withdrawal of the offer of employment.

Applicant: _____ Last 4 Digits of Social Security #: _____
(Printed Name)

Signature: _____ Date: _____

Driver's License #: _____ State: _____

Phone: _____

In conformance with Americans with Disabilities Act, I acknowledge by my signature that should I be offered a position, contingent upon a satisfactory background investigation, worker's compensation information obtained from the Department of Labor and/or the Worker's Compensation Commission is hereby authorized. All results will be proprietary and will be kept confidential. The information provided will not be provided to any parties other than to designated County personnel.

Applicant's Signature: _____

**COUNTY OF LINCOLN
Job Description Form**

Division/Department: Sheriff

Job Title: Deputy Sheriff

Reports to: Sheriff

Level/Grade: N/A

1 Year Probation Period 20.1812/hr

After Probation Period Completed

Minimum \$20.1812/hr

Maximum \$26.1936/hr

Type of position:

- Full-time
- Part-time
- Temporary/Seasonal
- Emergency Hire
- Grant/Contract

Hours: 40 hrs/Week

- Classified
- Unclassified

General Description:

The employee plans and performs a wide-range of law enforcement duties involving the performance of patrol duties, investigations of criminal activity and complaints, arrests, cites, interviews, traffic, search and rescue, security, safety, transportation and extradition of prisoners, prepares necessary reports; may also be called on to serve summons, writs and other documents; works with prosecutors in preparing cases for court and may be called on to provide testimony. The employee shall uphold and enforce all state, county ordinances, and local laws of the State of New Mexico. The employee must perform all duties with minimal supervision and may be required to work irregular hours, attend job-related meetings, and perform other duties as assigned.

Education/Work Experience/Certification/Training Requirements/Abilities/Skills:

- High school diploma or GED certification. Prior law enforcement experience; must have no felony convictions; and must have no DWI convictions.
- Valid New Mexico State Driver=s License. Must have a good driving record to be insurable for liability purposes.
- Must possess a New Mexico Basic Police Officers Certification or be certifiable by waiver.
- Good communication skills, works well under stress, make complex decisions, follow directions, and good public relations.

Work Conditions/Description of Tools, Equipment, Work Aids Used and Materials and/or Products Handled:

- Office environment - outdoors, in varied weather condition.
- Telephone, radio, patrol vehicle, calculator, camera, copy machine, firearm, shotgun, baton, flashlight, handcuffs, shackles, lights/siren/PA system, radar gun, first aid kit, fire extinguisher, and shovel; flares, bullet-proof vest, pepper spray, hearing and eye protection.
- Work hazards, or potential work hazards, includes physical confrontation, driving hazards, high speed chases, animals, gunfire, rescue attempts in difficult terrain, and remote possibility of hazardous materials spill.
- May be exposed to exhaust fumes, human and animal odors, dusts, and mists.
- Work schedule shall include shift, evening, weekend, holiday and on-call hours. Travel is required.

Work Environment:

Primary Work Site: Inside (70%) Outside (30%)
Temperature Factors: Depends on Weather Conditions
Noise Factors: (x) Sufficient noise levels which interrupts conversation (x) Intermittent - occasional
Vibrations: (x) Body strain from repeated motion or shock (x) Intermittent - minimal
Air Quality Factors: (x) Fumes (x) Dusts (x) Odors
Working Surface: (x) Even (x) Flat/Hard (x) Stairs (x) Ladders
(x) Dry (x) Wet (x) Natural Ground
Relationships with Co-workers: (x) Works alone with or without directions (x) Works with a group

Physical Requirements:

Mobility Factors/Primary Work Position: Walk & Stand (45%) Climb (3%) Crawl (2%)
Sit (45%) Crouch (3%) Kneel (2%)

Specific Movements: Rate Occasionally – X Frequently - XX Constantly - XXX

Trunk: (x) Bend (x) Twist/Rotate (x) Push/Pull, # of lbs 50 (x) Carry, # of lbs 50#
Arms: (x) Reach (x) With arms extended (x) With arms bent
(x) Carry, # of lb 50#, distance 60' (x) Twist/Rotate (x) Push/Pull, # of lbs 50#
(x) Lift from floor to waist, # of lbs 50# (x) Lift from waist to overhead, # of lbs 50#
(x) Lift horizontally, # of lbs 50# (x) Drag 175 # for 15'
Legs: (x) Lift, # of lbs 50# (x) Balance (x) Twist/Rotate (x) Foot Control
(x) Push/Pull, # of lbs 50# (x) Running Hands: (x) Gross Dexterity
(x) Finger Dexterity (x) Speed required (x) Bilateral Coordination
(x) Grasp/Manipulate
Eyes: (xx) Eye/Hand coordination

Comments on Physical Requirements:

- Must have good vision, hearing, and reflexes.
- Must pass physical agility test, able to handle stress and respond appropriately in stressful conditions.
- Must pass a conditional post-offer of employment Physical Examination and Drug Analysis Test.
- Subject to random drug and alcohol testing.

Approved: Robert Shepperd

Date Posted: _____

Date Hired: _____

Employee Declaration:

I have read the above job description. I understand the demands and expectations of the position described and to the best of my knowledge, believe I can perform these duties.

Name: _____

Date: _____

Lincoln County Sheriff

The Lincoln County Sheriff's Office is actively seeking letters of interest for possible employment. The letters should be from New Mexico certified officers or officers certifiable by waiver.

The salary is competitive based on experience and training. Benefits include:

- Twenty (20) year retirement plan
- Three (3) weeks paid vacation after five years of service
- Drive home units
- Twelve (12) paid holidays which includes 3 personal holidays of your choice
- Paid "on call" time

The LCSO's jurisdiction is 4,859 square miles, with a population of 17,364 (1990 Census). Lincoln County includes the communities of Ruidoso, Ruidoso Downs, Capitan, Lincoln, the Hondo Valley, Carrizozo, White Oaks and Corona.

Lincoln County is rich in natural beauty, wildlife and history. Our County has much to offer in the way of tourist related activities: horse racing, museums, casino gambling, ski area, hiking, camping, fishing, hunting, etc. There is no better place to raise a family than Lincoln county with it's excellent school systems and tranquil surroundings.

All letters of interest should be addressed to:

Lincoln County Sheriff's Office

P.O. Box 278

Carrizozo, NM 88301

Phone: 800-687-2419

505-648-2341

Fax 505-648-2862

Please circulate copies of this letter to all interested and qualified parties. Thank you.

READ CAREFULLY

LINCOLN COUNTY SHERIFF'S DEPARTMENT

Application Instructions

1. **YOU WILL BE REQUIRED TO VERIFY ALL STATEMENTS YOU MAKE**
Read all directions and each question carefully before answering. The information on this application will be used during your background investigation and oral interview, it represents you. Read each part carefully. Answer all questions truthfully, as your acceptability will be based on the information on your application, any omissions will be considered falsifications. **Applications will be voided in case of falsification.**
2. **COMPLETENESS, LEGIBILITY AND CORRECTNESS**
Application must be complete and legible. Please make every attempt to submit all required documents with the application, however if you are unable to submit all required documents with the application they **must** be turned in prior to you being scheduled for an oral interview. **Print neatly in black ink.** An application that is **not legible** or that is **not properly** filled out will be rejected and returned for correction.
3. **LIST COMPLETE ADDRESSES (STREET, TOWN, STATE AND ZIP CODES) AND TELEPHONE NUMBERS**
Application will be returned if complete mailing addresses and telephone numbers are not included in those spaces where addresses and telephone numbers are required. Zip codes not known may be obtained from your local post office.
4. **ADDRESS CHANGE**
If you change your mailing address or phone number, immediately notify Lincoln County.
5. **SIGNATURES AND NOTARY REQUIRED**
An application not signed and notarized will not be considered.
6. **EQUAL EMPLOYMENT OPPORTUNITY (EEO)**
Information requested for EEO will be used for statistical purposes only.

REVIEW THE APPLICATION CAREFULLY AND MAKE SURE YOU HAVE COMPLIED WITH THE ABOVE INSTRUCTIONS.

DO NOT RETURN THESE INSTRUCTIONS WITH YOUR APPLICATION

COUNTY OF LINCOLN

AUTHORIZATION FOR RELEASE OF RECORDS AND FOR A BACKGROUND INVESTIGATION

WAIVER AND RELEASE

TO WHOM IT MAY CONCERN:

Having made application for employment with the County of Lincoln, it is my understanding that a comprehensive investigation of my background will be conducted in connection with this application.

I, _____, do hereby give the officials of the County of Lincoln the authority to conduct such an investigation, and do hereby authorize the release of any and all information requested by this organization pertaining to my work history, medical history, military history, criminal history, educational background, financial obligations and status, character, honesty and other general qualifications or fitness. I direct custodians of such records to release copies to the authorized County of Lincoln agent bearing this authorization, either originally signed or photocopy form.

I acknowledge that my employment with the County of Lincoln is contingent upon the background investigation herein authorized being completed with a favorable result. I further acknowledge that I will not ever be allowed to, nor do I have any right to, review or see my background investigation or material provided in such investigation, and it will not be released to anyone outside of authorized supervisory personnel of the County of Lincoln without a court order. In the event that any court should in the future rule that I possess a right to review or see my background investigation or materials provided in such an investigation, this waiver and release waives any such rights.

I release the County of Lincoln, and its agents and employees, and the custodians of records provided as a part of my background investigation, from any claim of damage that could ever be brought by me against any of them as a result of this background investigation, and waive any right I might have to bring such a claim.

This release and waiver is binding on my heirs, assigns, or representatives or associates of any nature.

APPLICANT SIGNATURE

SUBSCRIBED AND SWORN to me on this _____ day of _____, 201__.

NOTARY PUBLIC

(SEAL)

My Commission Expires: _____

REQUIRED DOCUMENTS

Please refer to the following checklist which identifies the copies of documents necessary to complete the Personal History application.

_____ ***Certified** copy of Birth Certificate from the Bureau of Vital Statistics or Naturalization papers. Hospital Birth or Baptismal certificates are **NOT** acceptable.

_____ ***Certified** copy of High School diploma or GED certificate
A copy of your high school or college transcript with a date of high school graduation will be accepted in lieu of certified copy of high school diploma or GED certificate. **Copy must have the original school seal and original signature of school registrar certifying transcript.**

_____ Copy of Social Security Card

_____ ***Certified Military** discharge and/or DD-214 (military separation documentation). A letter from your commander stating you would be released from your military duty to begin the academy in the event you are selected, will be sufficient until you receive military discharge and/or DD-214.

_____ Copies of your last two (2) years 1040 or 1040EZ tax returns signed and dated. If you do not have copies of your tax returns you will have to contact the Internal Revenue Service (IRS) and request copies of your tax returns. (Please check your local telephone directory for IRS Number.) It can take up to 45 days to receive copies of your tax returns from the IRS. A tax account information sheet offered by the IRS is a faster option which can be accepted in lieu of actual copies of your tax return forms. Or if you had your taxes prepared by a paid preparer, check first to see if you can get a copy from the preparer. **Please make sure you sign and date all copies you submit.**

_____ Credit history from a Credit Bureau check with the following agencies: TRW at 800-682-7654 - they offer one (1) free report a year; Equifax at 800-685-1111 - they charge \$8.00; or write to Tgrams Union at P O Box 7000, North Olmsted, OH 44070 and include \$8.00 fee with your Social Security Number, previous address and any previous name.

***CERTIFIED** - A public official who attests copies are authentic reproductions of the original documents. Copies must have original signature of certifying official.

If you have any questions, please contact this office directly at 505/648-2341.

DO NOT RETURN THIS PAGE WITH YOUR APPLICATION

Use black ink and hand print clearly. If a question does not apply to you so state with N/A. **An oral interview and background investigation will be conducted on the basis of your Personal History Statement** in order to determine your suitability for employment by the Lincoln County Sheriff's Department. The Department will exercise all reasonable efforts to keep the material contained herein confidential. Therefore, it is your responsibility to read and respond to each question carefully. **Information falsified or omitted will result in the termination of the selection process for that applicant.**

Name: _____
Last First Middle

Date of Birth: ____ - ____ - ____ Place of Birth: _____ City/State SSN: ____ - ____ - ____

By what other names have you been known?
(maiden name, aliases, nicknames) _____

Physical Address: _____
Street City State ZIP

Mailing Address (if different than above): _____

Home Phone No.: () _____ Business Phone No.: () _____ Ext. _____

REQUIRED DOCUMENTS

The following items **must** accompany application (*copies only*)

- ★ Bureau of Vital Statistics Birth Certificate (*notarized or certified*)
- ★ High School Diploma or Equivalency (GED Certificate) (*notarized*)
- ★ Social Security Card
- ★ Valid Driver's License
- ★ Military Discharge
- ★ DD-214 (*military separation papers*)
- ★ Last two (2) Years Tax Returns
- ★ College/University Transcripts
- ★ Credit Bureau History

CERTIFICATION: I hereby certify that the facts set forth in this Personal History Statement Form are true and complete to the best of my knowledge. I understand that if employed, any omissions, misstatements, or falsifications of statements may lead to dismissal.

Applicant's Signature Date: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 201_____.

(SEAL) _____
Notary Public

My commission expires: _____

NOTE: When this form is complete, with all documents attached, mail to:
Lincoln County Manager
Post Office Box 711
Carrizozo, New Mexico 88301

RESIDENCE

In chronological order (*present to past*) list each and every place you have resided in the past 10 years.

MONTH AND YEAR FROM TO	ADDRESS (P O BOX NUMBER/STREET)	CITY, STATE, ZIP
NAME OF PERSON RENTED FROM OR LIVED WITH		ADDRESS (P O BOX NO./STREET) CITY, STATE, ZIP

MONTH AND YEAR FROM TO	ADDRESS (P O BOX NUMBER/STREET)	CITY, STATE, ZIP
NAME OF PERSON RENTED FROM OR LIVED WITH		ADDRESS (P O BOX NO./STREET) CITY, STATE, ZIP

MONTH AND YEAR FROM TO	ADDRESS (P O BOX NUMBER/STREET)	CITY, STATE, ZIP
NAME OF PERSON RENTED FROM OR LIVED WITH		ADDRESS (P O BOX NO./STREET) CITY, STATE, ZIP

MONTH AND YEAR FROM TO	ADDRESS (P O BOX NUMBER/STREET)	CITY, STATE, ZIP
NAME OF PERSON RENTED FROM OR LIVED WITH		ADDRESS (P O BOX NO./STREET) CITY, STATE, ZIP

MONTH AND YEAR FROM TO	ADDRESS (P O BOX NUMBER/STREET)	CITY, STATE, ZIP
NAME OF PERSON RENTED FROM OR LIVED WITH		ADDRESS (P O BOX NO./STREET) CITY, STATE, ZIP

MONTH AND YEAR FROM TO	ADDRESS (P O BOX NUMBER/STREET)	CITY, STATE, ZIP
NAME OF PERSON RENTED FROM OR LIVED WITH		ADDRESS (P O BOX NO./STREET) CITY, STATE, ZIP

READ the following information before completing this application.

- All information contained on this application is subject to verification.
- A background investigation is required of successful applicants.
- **Any omissions, misstatements, or falsifications will be cause for rejection of this application, elimination from further competition, removal of your name from an eligibility list, or discharge from employment.**
- The information provided by you on this application will be used *to determine your qualifications* for employment.
- **Use black ink and print clearly.**

Name: _____ SSN: _____

Address:

(P O Box No. and/or Street) (City) (State) (ZIP)

Home Telephone: () _____ Business Telephone: () _____ Ext. _____

Date of Birth: ____/____/____ Age: _____

MINIMUM QUALIFICATION: Place your initials on the line provided at the end of each qualification statement **IF** you possess that qualification.

I certify that I:

- am a citizen of the United States of America _____
- am eighteen (18) years of age or older _____
- have a valid driver's license _____
- have never been convicted of any felony _____
- have never been convicted of a misdemeanor involving moral turpitude (theft, criminal sexual misconduct, etc.) _____
- have not been convicted of DWI or similar offense within 36 months of today _____
- have not illegally used cocaine within 5 years of today _____
- have not illegally used marijuana within 12 months of today _____
- am not a chronic, illegal user of nor illegally dependent upon any controlled substance _____
- have never illegally sold nor distributed controlled substances _____
- have not been dishonorably discharged from the armed services of the United States _____
- am willing to serve anywhere in Lincoln County _____
- am willing to work irregular hours, beyond regular shifts, and overtime _____

By my signature, I certify that I meet these minimum qualifications, I realize that any falsification, misrepresentation, or omission will cause rejection of this application, elimination from further competition, removal of my name from any eligibility list, or discharge from employment.

Applicant's Signature Date: _____

LINCOLN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND IN COMPLIANCE WITH ADA

The information requested below is in compliance with regulation issued by the Equal Employment Opportunity Commission under Title VII of the Civil Rights Act of 1964. Answers will be confidential and will not be used for purposes other than Equal Employment Opportunity reporting. This information is requested for statistical reporting purposes **ONLY**.

SEX: ____ Male ____ Female

RACE: ____ Anglo ____ Hispanic ____ Native American ____ Black ____ Oriental ____ Other (explain) _____

EDUCATION AND TRAINING

HIGH SCHOOL AND ADDRESS	Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Issued by: _____ Date: _____
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COLLEGE/UNIVERSITY & ADDRESS	DATE ATTENDED	MAJOR/MINOR	CREDITS EARNED	TYPE OF DEGREE	DATE AWARDED

BUSINESS, TRADE, TECHNICAL, MILITARY SCHOOL & ADDRESS	DATE ATTENDED	MAJOR/MINOR	CREDITS EARNED	TYPE OF DEGREE	DATE AWARDED

PROFESSIONAL LICENSE OR CERTIFICATE	SERIAL NUMBER	ISSUED BY	DATE ISSUED	EXPIRATION DATE

Special skills: _____

Other languages: _____ ___ Understand ___ Speak ___ Write

_____ ___ Understand ___ Speak ___ Write

Hobbies: _____

SUBVERSIVE AFFILIATIONS

Are you a member or have you ever been a member of any party or organization, political or otherwise, that now advocates the overthrow of the government of the United States or of the State of New Mexico by force or violence or other unlawful means?

Yes No

If yes, explain: _____

SOCIAL STATUS

Marital status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Separated

Give following information regarding marriage or marriages.

SPOUSE'S FORMER NAME	CURRENT ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER

List below every child born to you, stepchildren, adopted children, foster children or other dependents.

NAME	DATE OF BIRTH	PLACE OF BIRTH	WITH WHOM AND WHERE DOES CHILD RESIDE?

Are you now supporting all children mentioned above?

Yes No

If no, explain: _____

Is your spouse employed?

Yes No

If yes, give name, address, and phone number of employer: _____

If employed, is your spouse willing to relocate to the area to which you are assigned?

Yes No

If no, explain: _____

Is your spouse supportive of your decision in choosing law enforcement as a career?

Yes No

If no, explain: _____

REFERENCES

Give the names and complete mailing addresses of six reliable persons, other than relatives or your past employers, who know you well enough to give information about you.

1. NAME	HOME ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION	BUSINESS ADDRESS, CITY, STATE, ZIP	WORK PHONE

2. NAME	HOME ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION	BUSINESS ADDRESS, CITY, STATE, ZIP	WORK PHONE

3. NAME	HOME ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION	BUSINESS ADDRESS, CITY, STATE, ZIP	WORK PHONE

4. NAME	HOME ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION	BUSINESS ADDRESS, CITY, STATE, ZIP	WORK PHONE

5. NAME	HOME ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION	BUSINESS ADDRESS, CITY, STATE, ZIP	WORK PHONE

6. NAME	HOME ADDRESS, CITY, STATE, ZIP	HOME PHONE
OCCUPATION	BUSINESS ADDRESS, CITY, STATE, ZIP	WORK PHONE

RELATIVES

Give the names and complete mailing addresses of your parents, sisters, and brothers; also give spouse's parents, sisters, and brothers, 16 and older.

1. NAME		ADDRESS, CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	RELATIONSHIP	OCCUPATION

2. NAME		ADDRESS, CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	RELATIONSHIP	OCCUPATION

3. NAME		ADDRESS, CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	RELATIONSHIP	OCCUPATION

4. NAME		ADDRESS, CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	RELATIONSHIP	OCCUPATION

5. NAME		ADDRESS, CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	RELATIONSHIP	OCCUPATION

6. NAME		ADDRESS, CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	RELATIONSHIP	OCCUPATION

7. NAME		ADDRESS, CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	RELATIONSHIP	OCCUPATION

8. NAME		ADDRESS, CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	RELATIONSHIP	OCCUPATION

9. NAME		ADDRESS, CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	RELATIONSHIP	OCCUPATION

10. NAME		ADDRESS, CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	RELATIONSHIP	OCCUPATION

CONTROLLED SUBSTANCE

Have you ever been arrested because of drinking?

Yes No

If yes, explain: _____

Have you ever tried or used a controlled substance or dangerous drug either in pill form, by injection, or other manner of ingestion without a doctor's prescription?

Yes No

If yes, explain: _____

Have you ever experimented with, used, purchased, sold, transported, grown, tended, harvested, or provided any of the following:

Yes No

1. Marijuana

Yes No

If yes, type of involvement: _____

How many times: _____ Date involvement began and ended: _____

2. Hashish (including "hash" or "hash oil")

Yes No

If yes, type of involvement: _____

How many times: _____ Date involvement began and ended: _____

3. Cocaine (including "crack")

Yes No

If yes, type of involvement: _____

How many times: _____ Date involvement began and ended: _____

4. Hallucinogens (LSD, PCP, peyote, magic mushrooms, "angel dust," etc.)

Yes No

If yes, type of involvement: _____

How many times: _____ Date involvement began and ended: _____

5. Heroin, morphine, opium (or other opiates)

Yes No

If yes, type of involvement: _____

How many times: _____ Date involvement began and ended: _____

6. Other illegal drugs (narcotics, barbiturates, amphetamines, methamphetamines; including "speed" or "ice")

Yes No

If yes, type of substance: _____

Type of involvement: _____

How many times: _____ Date involvement began and ended: _____

7. Vaporous substances (paint, glue, acetone)

Yes No

If yes, type of substance: _____

Type of involvement: _____

How many times: _____ Date involvement began and ended: _____

FINANCIAL STATUS

To what extent are you financially indebted (include child support and/or alimony obligations)? _____
 Total monthly payments: \$ _____

Have you ever had garnishments or assignments made on your wages or received a letter(s) of indebtedness? Yes No

If yes, explain: _____

Have you ever had anything (car, furniture, etc.) Repossessed? Yes No

If yes, explain: _____

Have you ever declared bankruptcy? Yes No

If yes, explain: _____

Have you ever been bonded? Yes No

If yes, explain: _____

Have you ever been refused a bond? Yes No

If yes, explain: _____

Are you a cosigner on an outstanding loan? Yes No

If yes, give details: _____

List vehicle descriptions of those vehicles which you own.

YEAR	MAKE	BODY TYPE	COLOR	LICENSE NO.	YEAR & STATE

ARREST INFORMATION

List all traffic citations (add extra sheets if necessary).

DATE	VIOLATION (SPECIFY CHARGE)	LOCATION (CITY-STATE)	DISPOSITION	POLICE AGENCY

List all traffic accidents you have been involved in as a driver (add extra sheets if necessary).

DATE	VIOLATION (SPECIFY CHARGE)	LOCATION (CITY-STATE)	DISPOSITION	POLICE AGENCY

Have you ever been arrested or charged with an offense, either as an adult or a juvenile?

Yes No

Original charge: _____ Final charge: _____

Approximate date: _____ Police agency: _____

Court: _____ Disposition: _____

Details leading to arrest or charge: _____

Additional arrest or charge (add extra page if necessary)?

Are you now a defendant in any criminal action?

Yes No

Arrest or charge (add extra page if necessary)?

Original charge: _____ Final charge: _____

Approximate date: _____ Police agency: _____

Court: _____ Disposition: _____

Details leading to arrest or charge: _____

MILITARY SERVICE

Have you ever served in the armed forces of the United States? Yes No

If yes, what branch? _____

Have you complied with Selective Service registration laws? Yes No

If no, explain: _____

Selective Service Number: _____

Give period or periods of active military service:

FROM	TO	RANK HELD	SERIAL NUMBER

Type of Discharge(s) or separation (honorable, dishonorable, general under honorable, undesirable): _____

Reason for discharge or separation from armed services: _____

Were you ever charged with a violation of the Uniform Code of Military Justice: Yes No

If yes, explain: _____

Were you ever the subject of disciplinary action in the National Guard or other military reserve organizations: Yes No

If yes, explain: _____

Last Commanding Officer: _____ Phone Number: _____

EMPLOYMENT (cont.)

Employer: _____ Address: _____ _____ Telephone Number(s): _____ _____ Job Title: _____ Supervisor: : _____ Reason for Leaving: _____	Dates Employed From To _____ _____ _____ _____ Hourly Rate/Salary Starting \$ _____ Final \$ _____ May We Contact? ___ Yes ___ No	Work Performed: _____ _____ _____ _____ _____ _____ _____ _____
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Employer: _____ Address: _____ _____ Telephone Number(s): _____ _____ Job Title: _____ Supervisor: : _____ Reason for Leaving: _____	Dates Employed From To _____ _____ _____ _____ Hourly Rate/Salary Starting \$ _____ Final \$ _____ May We Contact? ___ Yes ___ No	Work Performed: _____ _____ _____ _____ _____ _____ _____ _____
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Employer: _____ Address: _____ _____ Telephone Number(s): _____ _____ Job Title: _____ Supervisor: : _____ Reason for Leaving: _____	Dates Employed From To _____ _____ _____ _____ Hourly Rate/Salary Starting \$ _____ Final \$ _____ May We Contact? ___ Yes ___ No	Work Performed: _____ _____ _____ _____ _____ _____ _____ _____
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Were you ever terminated or asked to resign from employment? Yes No

If yes, explain: _____

Were you ever subjected to a disciplinary action in connection with any employment? Yes No

If yes, explain: _____

Have you ever quit a job in lieu of being terminated? Yes No

If yes, explain: _____

Have you ever received any federal, state or local assistance payments to which you were not entitled? Yes No

If yes, explain: _____
