

To: Douglas County Sheriff Reserve Applicant

Thank you for your interest in becoming a Douglas County Sheriff's Office Reserve Deputy. The purpose of the Reserve organization is to assist the department in maintaining the public peace, enforcing laws and ordinances, performing routine patrol on both land and water, performing search and rescue missions, responding to emergencies, and any other special function or duties as authorized by the Sheriff. The reserves are an excellent way for you to serve your community and make a difference in the safety and well-being of the citizens of Douglas County.

There are four classifications of regular reserves ranging from a new recruit with no training or experience to a fully commissioned reserve deputy sheriff. The reserve unit is not a posse or auxiliary, and members are expected to attain at least a class 2 status (completion of reserve training academy) and are encouraged to attain class 1 status (full commission). A reserve training academy is held every year, and normally meets every Tuesday & Thursday evening, as well as some weekend days, for approximately 6 months.

Minimum qualifications for reserve applicants include:

1. 21 years of age minimum (18 years of age for non-commissioned Marine Reserve).
2. U.S. Citizenship
3. High School Diploma or GED.
4. Valid Washington State Motor Vehicle Operators License.
5. No Felony Convictions.
6. A good driving record as determined by the Sheriff.
7. No misdemeanor convictions of concern to the Sheriff.
8. Be in good health, of good moral character, and in good physical condition.
9. No physical or mental defects of handicaps, which would prevent you from properly performing the duties of the position.

As part of the application process you will be thoroughly investigated. You will be asked to fill out the attached Personal History Statement to aid us in the background investigation. You will be asked to submit to a polygraph and psychological examination and we will take your fingerprints. You will also be asked to submit to a drug screen test. People often ask if a certain past indiscretion would eliminate them from consideration. Not necessarily; negative factors in your past will be individually evaluated.

The reserves are a volunteer organization and receive no compensation from the county; however, Washington State Industrial Insurance and death benefits are provided while you are on duty. Reserves serve strictly at the pleasure of the Sheriff and are subject to the rules and regulations of the department. Reserves are required to attend the regular monthly Deputies meeting and must perform at least 144 hours of duty per year. The department will provide you with your uniforms and you are required to furnish your own duty pistol and leather gear.

Douglas County Sheriff Reserves
Personal History Statement

Instructions to applicants

Please read these instructions carefully before completing the personal history statement.

The information you provide will be used in a background investigation. It is to your advantage to respond openly – without attempting to “brush over” or “present things in the best possible light.” Deliberate inaccuracies or omissions, even if they seem insignificant to you, may cause your name to be removed from consideration. Negative factors in your past will be individually evaluated.

1. Fill out this form completely. If a question is not applicable to you, enter “N/A” in the space provided.
2. Complete the form in your own handwriting. Do not use a typewriter.
3. You are responsible for obtaining and furnishing correct information, including addresses.
4. If there is insufficient space you may attach additional sheets.
5. All time periods in your background should be accounted for. Your experience and employment sections should include military service, volunteer jobs, part-time and full-time employment.
6. If you are unsure how to answer a question you should place a question mark in the space provided and the background investigator will discuss it with you later.
7. Please attach copies of information pertaining to your background such as certificates, diplomas, resumes and letters of recommendation. Do not attach originals, as they cannot be returned to you.
8. The last page is a Waiver and Authorization to Release Information. Please sign the Authorization before a Notary Public.
9. Please attach the following:

Proof of United States citizenship. A copy of a birth certificate, United States passport, or United States naturalization papers is acceptable proof.

Proof of education. A certified copy of a diploma, certificate, or transcript is acceptable proof.

Record of any military discharge. A certified copy of the Military Service Record (DD Form 214, Member 4) is acceptable proof, if applicable.

Application for the position of: _____

Douglas County Sheriff's Office
Personal History Statement.

The following information is requested of you for verification and contact purposes:

Your Name (Please print)

Last:

First:

Middle:

Other Names (including nicknames) you have used or been known by:

Current address:

Email Address: _____

Phone:

Home

Work

Other

Birthdate:

Are you a U.S. citizen? Yes. No.

Social Security Number:

In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure proper records are obtained.

Height:

Weight:

Hair Color:

Eye Color:

Sex:

Scars, Marks, Tattoos:

Please provide the following sizes:

Hat:

Neck:

Chest:

Sleeve:

Waist:

Inseam:

Employment History:

Beginning with the most current please list all jobs (including part-time, temporary, and voluntary positions) you have held. For the purposes of this personal history statement, voluntary work should be included as employment. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the space provided. You may photocopy this form for the purposes of adding additional pages if needed

Name and address of Employer:

Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

Title or Duties:

Reason for leaving:

Military Service Not employed From: _____ To: _____

Name and address of Employer:

Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

Title or Duties:

Reason for leaving:

Military Service Not employed From: _____ To: _____

Name and address of Employer:

Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

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Reason for leaving:

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Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

Title or Duties:

Reason for leaving:

Military Service Not employed From: _____ To: _____

Name and address of Employer:

Telephone: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Co-worker: _____

Supervisor: _____ Co-worker: _____

Title or Duties:

Reason for leaving:

Military Service Not employed From: _____ To: _____

Have you ever been fired or asked to resign from any place of employment? Yes No
If “yes” please give details including when, where, circumstances.

Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers?
 Yes No. If “yes” please give details including when, name of agency, circumstances.

Education:

Please check the appropriate box indicating your high school status

- I possess a high school diploma.
- I passed the G.E.D. (General Education Development) test.
- I possess other equivalent. Explain. _____.
- I do not have a high school diploma.

Please indicate below all of the schools you have attended, beginning with high school. Specify degrees or diplomas.

| | | | |
|-----------------|---------------------|-----------------|-----------------|
| Name of school: | Location of school: | Dates attended: | Degree/Diploma: |
|-----------------|---------------------|-----------------|-----------------|

Have you ever been suspended or expelled from a school? Yes No.

If "yes" please explain including school, date, circumstances:

Specify academic achievements:

List any special licenses you hold (such as pilots license, radio operator, scuba diver, etc) Show licensing authority, date of issuance and date of expiration:

List any specialized machinery or equipment, which you can operate, including office machines and typing speed.

Are you fluent in any foreign language? Please indicate your degree of fluency (excellent, good or fair) in each area.

| Language: | Reading | Speaking | Understanding | Writing |
|-----------|---------|----------|---------------|---------|
|-----------|---------|----------|---------------|---------|

List any other special skills or qualifications you may possess.

Relatives, References, Acquaintances

During the course of the background investigation, persons who know you may be asked to comment on your suitability for the position being applied for. Inquiries will be confined to job-relevant matters.

Please supply the name, address and telephone number for relatives listed below. If a category is not applicable, write "N/A"

Name: Address: Telephone:

Spouse:

Father:

Mother:

Father-in-law

Mother-in-law

Former Spouse

Former Spouse

Brother

Brother

Brother

Sister

Sister

Sister

Please list other relatives with whom you have a close personal relationship (including children)

| Name | Address | Telephone |
|------|---------|-----------|
|------|---------|-----------|

Please list those individuals with whom you have resided during the past 10 years excluding family members. (list no information prior to your 15th birthday).

| Name | Address | Telephone |
|------|---------|-----------|
|------|---------|-----------|

In the space below list as references 3 to 5 persons who have knowledge of you and your qualifications:

| Name | Address | Telephone |
|------|---------|-----------|
|------|---------|-----------|

In the space below list 3 to 5 individuals who are social acquaintances (ie: persons whom you have seen frequently during the past year) who have knowledge of you and your qualifications. Exclude relatives and former employees.

Name Address Telephone

List all of your residences during the past 10 years beginning with your most current residence (list no information prior to your 15th birthday).

Address Dates of residence: (MM/YY)

Financial.

Please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

PROVIDING THIS INFORMATION IS OPTIONAL.

Income: Current Assets:

Monthly Salary \$ _____ Savings: \$ _____

Spouses salary \$ _____ Checking: \$ _____

Other income – describe \$ _____

Real Estate \$ _____

Stocks/Bonds \$ _____

Total monthly income \$ _____

Life insurance \$ _____

Autos \$ _____

Expenditures:

Other (describe) \$ _____

Real estate (mortgage)

Payments \$ _____

Total Assets \$ _____

Rent \$ _____

Estimated cost of living \$ _____

(include utilities, food, gas, home & car maintenance, entertainment, etc.)

Total monthly expenditures: \$ _____

Current Liabilities:

Real estate indebtedness \$ _____

Long term loans \$ _____

Charge accounts \$ _____

Other (describe) \$ _____

Total Liabilities: \$ _____

Have you ever filed for or declared Bankruptcy? [] Yes [] No. **PROVIDING THIS INFORMATION IS OPTIONAL.**

If “yes” please give details including where, when, why.

Have your bills ever been turned over to a collection agency? [] Yes [] No **PROVIDING THIS INFORMATION IS OPTIONAL.**

If “yes” please give details including when, firms involved, circumstances.

Have you ever had purchased goods repossessed? [] Yes [] No **PROVIDING THIS INFORMATION IS OPTIONAL.**

If “yes” please give details including when, firms involved, circumstances.

Have your wages ever been garnished? []Yes [] No. **PROVIDING THIS INFORMATION IS OPTIONAL.**
If “yes” please give details including where, when, why.

Have you ever been delinquent on any tax payments? []Yes [] No. **PROVIDING THIS INFORMATION IS OPTIONAL.**
If “yes” please give details including where, when, why.

Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.
PROVIDING THIS INFORMATION IS OPTIONAL.

Name

Address

Telephone

Legal.

Have you ever been arrested or convicted of a crime? Yes No

If “yes” please give details.

Date:

Police agency:

Circumstances:

Have you ever been placed on court probation as an adult? Yes No.

If “yes” please give details including where, when, why.

Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed as an adult? Yes No.

If “yes” please give details including where, when, why.

Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes No.
If “yes” please give details including where, when, why.

Have you now or have you ever been involved as a plaintiff or defendant in any civil court action ? Yes No.
If “yes” please give details including where, when, name of court and circumstances.

Motor vehicle operation

An investigation of your driving history will be made. To expedite this procedure please supply the following.

Current driver’s license number _____ State _____ Expiration: _____

Name under which license was issued: _____

Other States where you have been issued a driver’s license; _____

Have you ever been refused a driver’s license by any state? Yes No.
If “yes” please give details including where, when, why.

Has your driver's license ever been suspended, revoked or placed on probation? [] Yes [] No.
If "yes" please give details including where, when, why.

Please list all traffic citations you have received within the past 7 years. Violation City/State Date Disposition

Have you ever been involved as a driver in a motor vehicle accident? [] Yes [] No.

If "yes" please give details.

Date:

Location:

Police investigation?

Is there anything you wish to discuss about your driving record? Please use the space below.

Military Service

Have you ever served in the armed forces, National Guard or military reserves? Yes No

If "yes" please supply the following;

Branch of service _____

Service number: _____

Dates of service: From _____ To _____

Type of discharge: _____

Are you currently participating in any military service of National Guard program? Yes No

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes No.

If "yes" please give details including where, when, branch of service, circumstances.

Past commanding officers and military acquaintances are potential sources of relevant information pertaining to you qualifications. Please list those individuals who know you well enough to provide accurate information about you.

| Name | Address | Telephone |
|------|---------|-----------|
|------|---------|-----------|

Personal declarations

Describe in your own words the frequency and extent of your use of alcoholic beverages.
(example; Beer, Wine and Liquor)

Have you ever used marijuana? Yes No .

If “yes” when was the last time and what were the circumstances?

Have you ever used any other drug/narcotic not prescribed by your physician? Yes No

If “yes” explain:

Have you ever abused prescription drugs? Yes No.

If “yes” explain:

Have you ever sold or furnished drugs or narcotics to anyone? Yes No.

If “yes” explain:

Have you ever been committed to a mental institution for any reason? Yes No.

If “yes” please explain:

Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability as a peace officer? Yes No If "yes" explain:

Please explain why you are interested in becoming a member of the Douglas County Sheriff's Reserves.

I do hereby certify that the information provided on this application is complete, true and correct to the best of my knowledge. I understand that a background investigation will be conducted by the Douglas County Sheriff's Office and that such investigation is required prior to my being accepted into the reserves. I also understand that I may be appointed as a reserve deputy only if I successfully pass any and all acceptance procedures that may be currently utilized by the department. I am aware that any misrepresentation or falsification of information in this application will result in the application being rejected and I will be disqualified from applying in the future for any position in the Douglas county Sheriff's Office. I understand that reserve deputies serve strictly at the pleasure of the Sheriff and that I may be dismissed from the organization at any time at his discretion. I also understand that the reserves are volunteer personnel and I will not at any time have any rights to compensation in any form for any services I may perform as a reserve deputy.

Signature of Applicant: _____ Date: _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To:

I respectfully request and authorize you to furnish any law enforcement agency any and all information that you may have concerning me, my work record, educational history, school records, military history, medical history, criminal record, financial and credit history, and my general reputation. Please include any and all medical, physical and mental records and reports, including information of a confidential or privileged nature, and photosets of same if requested. This information will be used for the purpose of determining my eligibility for employment as a law enforcement employee.

This waiver and authorization shall supersede any prior waiver, authorization, release or direction which I may have given you to the contrary concerning my records.

I understand my rights under Title 5 U.S.C. Section 552a The Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by a law enforcement agency in conjunction with the employment procedure.

I hereby release you, your organization or others from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications as an employee of a law enforcement agency.

A photocopy of this waiver and authorization shall be, for all intents and purposes, as valid as the original. You may keep this copy for your records.

Print Applicants full name. Birth Date Soc. Sec. Number.

Applicants Signature. Address

Subscribed and sworn before me on the _____ day of _____ 20_____ .

NOTARY PUBLIC for the State of Washington

Residing in _____.

My commission expires _____.