

Pioche Main Station  
P.O. Box 570  
225 Justice Way  
Pioche, NV 89043

775-962-5151  
Fax: 775-962-5384

# Lincoln County Sheriff's Office

Alamo Substation  
P.O. Box 390  
121 Joshua Tree St  
Alamo, NV 89001

775-725-3800  
Fax: 775-725-3629

## Job Application & Personal History Statement



Revised: 09/2012

### Application Instructions:

*This is your Application. Fill it out **in its entirety** in order for your application to be sent forward for a background investigation. Here are some suggested areas you should recheck to assure that you have complied with the directions:*

- *Employers' company name, address, city, state, zip code, last supervisor/contact person and phone number were provided.*
- *Personal reference names, full addresses, and phone numbers with area code provided.*
- *Submitted copies of your: drivers license, social security card, birth certificate, H.S. Diploma/G.E.D., any college transcripts, degrees, POST Certificates, DD214, and Documentation of Naturalization.*
- *Your signatures on the Qualification Form and Authority for Release of Information Form (pg. 15-16), were **notarized**.*
- *You signed and dated page 13 where requested.*
- *Urine Analysis results if requested.*

If you are waiting for transcripts or other required documents that you have at least ordered prior to the application submission deadline, mark that clearly beside the check-off space (page 14) for the missing document. You must have them in time to bring them to your initial interview.

Any obvious omissions of requested information, falsifications on the application, or failure to comply with any of the above listed requests will disqualify you as a candidate and subsequently we will close your file.

Captain Gary Davis  
Lincoln County Sheriff's Office  
"Human Resources"  
1050 E SR. 322  
P.O. Box 570  
Pioche, NV 89043

# Lincoln County Sheriff's Office

## JOB APPLICATION & PERSONAL HISTORY STATEMENT

DATE OF APPLICATION:					
POSITION APPLIED FOR: <input type="checkbox"/> Deputy Sheriff-Patrol <input type="checkbox"/> Deputy Sheriff-Detention <input type="checkbox"/> Dispatch-Clerical					
<b>PERSONAL INFORMATION</b>					
NAME: LAST		FIRST		MIDDLE	
<b>OTHER NAMES (INCLUDING NICKNAMES) YOU HAVE USED OR HAVE BEEN KNOWN BY:</b>					
DATE OF BIRTH: (MM/DD/YYYY)			SOCIAL SECURITY #:		
<i>(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that the proper records are obtained)</i>					
For the purpose of identification, please provide the following:					
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:		
<b>SCARS, TATTOOS, OTHER DISTINGUISHING MARKS:</b>					
<b>LIST THE ADDRESS AT WHICH YOU CAN BE CONTACTED:</b>					
NUMBER	STREET	APT #	CITY	STATE	ZIP
<b>TELEPHONE NUMBERS AT WHICH YOU CAN BE REACHED:</b>					
			HRS YOU CAN BE CONTACTED:		
			HRS YOU CAN BE CONTACTED:		
<b>E-MAIL ADDRESS</b>					
You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Attach relevant documentation.					
Are you prevented from lawfully becoming employed in this country because of your Visa or Immigration Status? Yes ( ) No ( )					
Have you filed an application with us before? ( ) Yes ( ) No					
<b>If yes, give date of application:</b>			Position applied for:		
Are you currently employed ( ) Yes ( ) No			Date available for work:		
Are you currently on "lay-off status" and subject to recall? ( ) Yes ( ) No					
Can you travel, if the job requires it? ( ) Yes ( ) No					
Describe any specialized training and skills that you possess (add a page if necessary):					
<i>(Include <u>all</u> computer related skills, and estimated level of proficiency)</i>					

**RELATIVES & REFERENCES**

**During the course of the background investigation people who know you will be asked to comment on your suitability for the position of public trust; inquiries will be confined to job-relevant matters.**

*If the category is not applicable, write in "N/A". If a relative is deceased or you've had no contact for 10 or more years or you've had no contact for decades, say so.*

Provide the following with complete address and telephone numbers:

Father:

Mother:

Father in-law:

Mother in-law:

Spouse:

Former Spouse(s):

Brothers & Sisters (blood relation): Attach separate sheets if needed.

Step Mother:

Step Father:

Step Brothers & Sisters:

Other relatives with whom you have a close personal relationship  
*(including mature children and previous In-Laws)*

Name	Relationship	Address	Phone # person can be contacted at:
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Below, list those individuals with whom you have resided during the last 10 years  
*(But do not include information prior to your 15<sup>th</sup> birthday)*

Name	Relationship	Address	Phone # person can be contacted at:
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**List 3-5 non relative or employer personal references. Provide complete address and telephone numbers:**



**RESIDENCE**

List all of your residences during the last 10 years (**But not prior to your 15<sup>th</sup> birthday**) Begin with your most current residence.

***If rented, also give name & address of person responsible for the collection of rent.***

Address of Residence	City, State & Zip	Dates From/To

**EXPERIENCE & EMPLOYMENT**

**List your employers for the last 10 years. Begin with most current. (Use additional sheets if necessary.)**

Employer:
Address:
Phone #:
Starting/Present Job Title:
Supervisor:
Reason for Leaving:
Dates Employed:
Employer:
Address:
Phone #:
Starting/Present Job Title:
Supervisor:
Reason for Leaving:
Dates Employed:
Employer:
Address:
Phone #:
Starting/Present Job Title:
Supervisor:
Reason for Leaving:
Dates Employed:
Employer:
Address:
Phone #:
Starting/Present Job Title:
Supervisor:
Reason for Leaving:
Dates Employed:



Have you had any extended work absences for reasons other than earned vacations? ( )Yes ( )No			
<b>If "Yes", explain (include when, where, circumstances)</b>			
Have you ever been fired or asked to resign from any place of employment? Include those where you quit because you suspected you were going to be fired. ( ) Yes ( ) No			
<b>Include details of where, when &amp; circumstances:</b>			
Have you ever sought employment in Law Enforcement? Yes ( ) No ( )			
<b>If "Yes", what position, what agency and how far along are/were you in the hiring process with each?</b>			
<b>MILITARY SERVICE</b>			
<b>(ATTACH A COPY OF YOUR DD214)</b>			
Have you ever served in the Armed Forces, National Guard or Reserves?			
( ) Yes ( ) No ( <i>If you marked "NO", skip to FINANCIAL on the next page</i> )			
Branch of Service	Service Number	Dates of Service	Type of Discharge
Are you currently enlisted in the Military Reserve or National Guard? Yes( ) No ( )			
Branch of Service	Service Number		
Were you ever the subject of any U.C.M.J. disciplinary action? Yes ( ) No ( )			
<b>If "Yes", give details (include branch of service, when, where, circumstances and penalty)</b>			
<b><i>NCO's, officers or fellow unit members are potential sources of relevant information pertaining to your background. Please list contact information:</i></b>			
Name	Rank		
Address	Phone #		
Years Known-From/To:			

Name		Rank	
Address		Phone #	
Years Known-From/To:			
<b>Describe any job-related training received in the United States Military (Add a page if necessary)</b>			
<b>FINANCIAL</b>			
The management of personal finances is relevant to individual's qualifications for a position of public trust. Therefore, fill in the financial statement below. <i>Be complete and accurate.</i> The amount of indebtedness will not be used to evaluate your qualifications but rather the behavior exhibited in meeting your financial obligations.			
<b>1. Household Income (Itemize)</b>			
Source of Income		Monthly Amount after taxes, etc.	
		Monthly Total	
<b>2. List those you pay for household expenditures</b>			
Mortgage Co./Landlord		Monthly Payments	
Electric Company			
Gas Company			
Water/Sewer			
Phone Company			
Cell Phone Company			
Cable/Satellite			
		Monthly Total	
<b>3. List those you pay for</b> Charge accounts, loans or other financial liabilities			
Name of Company	Account Number	Current Balance (nearest dollar)	Monthly Payment
Monthly Total			
<b>Balance</b> - subtract monthly expenses (#2 & #3) from monthly income (#1):			

Ever filed for bankruptcy? ( ) Yes ( ) No <b>Is the debt resolved? ( ) Yes ( ) No</b> <i>If "Yes" provide complete details such as when, what &amp; why (Add a page if necessary)</i>		
Have you ever had debt turned over to collections or property repossessed? ( ) Yes ( ) No <b>Still delinquent? ( ) Yes ( ) No</b> <i>If "Yes" to either question, include complete details such as when, what &amp; why</i>		
Ever been delinquent on income or other tax payments? ( ) Yes ( ) No <b>Still delinquent? Yes ( ) No ( )</b> <i>If "Yes" to either question, include complete details such as when, what &amp; why</i>		
Have you been arrested or convicted for any crime ( <i>excludes traffic citations</i> ) ( ) Yes ( ) No <i>The fact that your records may have been affected by a sealing, expungement, release or pardon has specific legal implications as to how you should answer these questions.</i> <b>If "Yes", provide the following information:</b>		
<b>Approximate Date</b>	<b>Police Agency</b>	<b>Circumstances</b>
Have you ever been placed on court probation as an adult? ( ) Yes ( ) No Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? ( ) Yes ( ) No. <i>If "Yes" to either question, include details such as when, what &amp; why</i>		
Have you ever been reported to a law enforcement agency as a missing person or runaway? ( ) Yes ( ) No <b>If "Yes", give details including date, law enforcement agency, how long &amp; circumstances</b>		
Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? ( ) Yes ( ) No		

<i>If "Yes", give complete details including when, where &amp; why</i>			
<b>MOTOR VEHICLE OPERATION</b>			
<b>An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.</b>			
Nevada Drivers license number:		Expiration date:	
Name under which the license was granted:			
List other states where you have been licensed to operate a motor vehicle:			
Name(s) under which the license was granted:			
Have you ever been refused a drivers license by any state ( ) Yes ( ) No			
<i>If "yes", explain (include when, where &amp; why)</i>			
<b>Nevada law requires that operators and owners of motor vehicles be covered by automobile insurance. Therefore, list the current liability insurance you have for your motor vehicles.</b>			
Company	Address	Policy Number	Date of Expiration
<b>List all traffic citations you have received within the last 5 years.</b>			
Nature of violation	Location (City)	Month/Year	Penalty
<b>Were you the driver during a motor vehicle accident within the last 5 years? ( ) Yes ( ) No</b>			
Date	Location	Injury	Non-injury
Police Investigation	( ) Yes ( ) No	Police Agency:	
Date	Location	Injury	Non-injury
Police Investigation	( ) Yes ( ) No	Police Agency:	
Date	Location	Injury	Non-injury
Police Investigation	( ) Yes ( ) No	Police Agency:	

Date	Location	Injury	Non-injury
Police Investigation ( ) Yes ( ) No		Police Agency:	
<b>Has your license ever been suspended, revoked or placed on negligent operator's probation?</b> ( ) Yes ( ) No			
<i>If "yes", give details (include what, when, where &amp; why)</i>			
If you wish to make comments about your driving record, please use the space below.			
<b>GENERAL INFORMATION</b>			
<b>Have you ever applied for a permit to carry a concealed weapon? ( ) Yes ( ) No</b>			
<i>If "yes", provide the following information:</i>			
Permit granted ( ) Yes ( ) No		Date:	
<b>Name of law enforcement agency:</b>			
<b>Purpose:</b>			
<b>NARCOTICS AND DRUGS</b>			
Have you ever sold, furnished, manufactured, cultivated, possessed or ingested any drug, narcotic or other illegal substance? [ ] Yes [ ] No      If Yes, Explain:			
Have you ever experimented or used any of the following substances:			
Marijuana	[ ] Yes [ ] No	Last time Used:	
Hashish/Hash Oil	[ ] Yes [ ] No	Last time Used:	
Cocaine-Crack-Rock-Crystal	[ ] Yes [ ] No	Last time Used:	
Barbiturates-Downers	[ ] Yes [ ] No	Last time Used:	
Methamphetamine-Crank-Ice	[ ] Yes [ ] No	Last time Used:	
Heroin	[ ] Yes [ ] No	Last time Used:	
Amphetamines-Speed	[ ] Yes [ ] No	Last time Used:	
LSD-Hallucinogenic	[ ] Yes [ ] No	Last time Used:	
Psilocybin-Mushrooms	[ ] Yes [ ] No	Last time Used:	
PCP-Angle Dust	[ ] Yes [ ] No	Last time Used:	
MDMA-Ecstasy-Adam-Eve	[ ] Yes [ ] No	Last time Used:	
Steroids	[ ] Yes [ ] No	Last time Used:	
Glue-Toluene-Paint Sniffing	[ ] Yes [ ] No	Last time Used:	
<b>Fully Explain All Yes Answers:</b>			

<b>Applicants who have been or are now employed in Law Enforcement:</b>	
Have you ever accepted a gratuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever accepted anything for overlooking a citation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever made a false report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever used your official position for personal gain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been the subject of an internal affairs investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your POST certificate ever been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*I hereby certify that all statements made in this application for a background investigation by the Lincoln County Sheriff's Office are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.*

**Signature in Full**

**Date Completed**

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**Witness signature**

**Date**

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## Federal Gun Control Act Qualification Form

Amendments to the federal Gun Control Act prohibit any person who has ever been convicted of a misdemeanor involving domestic violence from possessing any firearm or ammunition. The law defines a misdemeanor crime of domestic violence as an offense, under either state or federal law, where the crime has as an element, the use or attempted use of physical force or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, by a person with who the victim shares a child in common, by a person who is cohabiting with the victim as a spouse, parent or guardian, or by a person similarly situated to a spouse, parent or guardian of the victim.

1. Have you ever been convicted of a misdemeanor crime of domestic violence?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. If "Yes" provide the following information with respect to the conviction(s):

Court/Jurisdiction \_\_\_\_\_ Statute/Charge \_\_\_\_\_

Docket/Case Number \_\_\_\_\_ Date of Judgment \_\_\_\_\_

You have a duty to complete this form and sign before a notary. Disqualification and dismissal may be undertaken if you refuse to answer or if you fail to reply fully and truthfully. Neither your answers nor any information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of this law, however, the answers you give and information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and/or in the course of internal disciplinary proceedings.

I hereby certify that the above information is true, correct and complete based on my personal knowledge and belief. I understand that providing false or fraudulent information may be grounds for adverse action, up to and including disqualification and dismissal.

Name (*Print or type*)  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Commissioned in \_\_\_\_\_ County, Nevada

Notary Public \_\_\_\_\_



## AUTHORITY FOR RELEASE OF INFORMATION

Last Name

First Name

Middle Name

Social Security #

Date of Birth (MM/DD/YY)

Place of birth (City, State, Country)

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to ANY duly authorized agent of the Lincoln County Sheriff's Office, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, include records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary, records, real and personal property tax statements and records and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records, the results of any polygraph examinations; records of complaint of a civil nature made by or against me.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Lincoln County Sheriff's Office to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly in whole or part; upon this release authorization will be considered in determining my suitability for employment by the Lincoln County Sheriff's Office and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I agree that a photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY BEFORE SUBMISSION**

Signature \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

Notary Signature \_\_\_\_\_ My commission expires \_\_\_\_\_

Stamp: