



Job Application & Personal History Statement

Revised 06/2024

Application Instructions:

*This application must be completed **in its entirety** in order for it to be forwarded for a background investigation. Below are listed some suggested areas you should recheck to ensure that you have complied with the directions:*

- *Employers' company name, address, city, state, zip code, last supervisor / contact person and phone number provided*
- *Personal reference names, full addressed and phone numbers with area code provided*
- *Submitted copies of your driver's license, social security card, birth certificate, HS diploma / GED, any college transcripts, degrees, POST Certificates, DD214 and Documentation of Naturalization.*
- *Your signatures on the Qualification Form and Authority for Release of Information Form were **notarized**.*
- *You signed and dated the application where requested*
- *Urine Analysis results if requested.*

Lincoln County is an equal opportunity employer, and Americans with disabilities accommodations.

If you are waiting for transcripts or other required documents which you requested prior to the application submission deadline, clearly mark the check-off space (page 14) related to the missing document. You must receive 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 your file will be closed.

Lincoln County Sheriff's Office
PO Box 570
2258 Justice Way
Pioche, NV 89043

LINCOLN COUNTY SHERIFF'S OFFICE

JOB APPLICATION & PERSONAL HISTORY STATEMENT

DATE OF APPLICATION:

POSITION APPLIED FOR: ☐ Deputy Sheriff – Patrol ☐ Deputy Sheriff – Corrections ☐ Dispatch - Clerical

PERSONAL INFORMATION

NAME: LAST

FIRST

MIDDLE

OTHER NAMES (INCLUDING NICKNAMES) YOU HAVE USED OR HAVE BEEN KNOWN BY:

DATE OF BIRTH (MM/DD/YYYY):

SOCIAL SECURITY#:

(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.)

FOR THE PURPOSE OF IDENTIFICATION, PLEASE PROVIDE THE FOLLOWING:

HEIGHT:

WEIGHT:

HAIR COLOR:

EYE COLOR:

SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS:

MAILING ADDRESS:

TELEPHONE NUMBERS AT WHICH YOU CAN BE REACHED:

(HOME)

HRS YOU CAN BE CONTACTED:

(CELL)

HRS YOU CAN BE CONTACTED:

(OTHER)

HRS YOU CAN BE CONTACTED:

EMAIL ADDRESS:

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 ()

IF YES, GIVE DATE OF APPLICATION:

POSITION APPLIED FOR:

ARE YOU CURRENTLY EMPLOYED? YES () NO ()

DATE AVAILABLE FOR WORK IF HIRED:

ARE YOU CURRENTLY ON "LAY-OFF STATUS" AND SUBJECT TO RECALL? YES () NO ()

ARE YOU ABLE TO TRAVEL, IF THE JOB REQUIRES IT? YES () NO ()

DESCRIBE ANY SPECIALIZED TRAINING AND SKILLS THAT YOU POSSESS:

(Include all computer-related skills and estimated level of proficiency. Attach additional pages if necessary.)

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.			
<i>If the category is no applicable, write N/A. Indicate if the relative is deceased or you've had no contact for 10 or more years.</i>			
PROVIDE THE FOLLOWING INFORMATION, INCLUDING COMPLETE ADDRESS AND TELEPHONE NUMBERS:			
FATHER:			
MOTHER:			
FATHER-IN-LAW:			
MOTHER-IN-LAW:			
SPOUSE:			
FORMER SPOUSE:			
SIBLINGS (blood relations) Attach additional pages if necessary:			
STEP-MOTHER:			
STEP-FATHER:			
STEP-SIBLINGS:			
OTHER RELATIVES WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP <i>(Including mature children and previous in-laws)</i>			
NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
LIST 3-5 NON-RELATIVE OR EMPLOYER PERSONAL REFERENCES. PROVIDE COMPLETE ADDRESS AND PHONE NUMBERS:			

HOME ADDRESS DURING THE YEARS YOU ATTENDED HIGH SCHOOL:

NAME, ADDRESS AND PHONE NUMBER FOR A NON-RELATIVE NEIGHBOR NEAR YOUR HOME WHILE YOU WERE ATTENDING HIGH SCHOOL. *(If you didn't know them, or it has been 10 or more years, indicate as such)*

EDUCATION

THE NEVADA PEACE OFFICER STANDARDS & TRAINING (POST) REQUIRES A PEACE OFFICER TO POSSESS A HIGH SCHOOL DIPLOMA OR EQUIVALENT. PLEASE INDICATE YOUR CURRENT SITUATION WITH REGARD TO THIS REQUIREMENT BY CHECKING THE APPROPRIATE BOX(ES).

☐ I POSSESS A HIGH SCHOOL DIPLOMA FROM: *(Name & Location)*

☐ I PASSED THE G.E.D. (General Education Development Certificate) *(When & where)*

☐ I POSSESS A TWO-YEAR COLLEGE DEGREE *(Institution, location & degree)*

☐ I POSSESS THESE FOUR-YEAR COLLEGE DEGREES *(Institution, location & degree)*

PROVIDE THE INFORMATION REQUESTED FOR SCHOOLS ATTENDED IN THE LAST FIVE YEARS:

Name of School	Location of School (City & State)	Dates Attended (From/To)	School References (Teachers, Counselors, etc.)
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HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL OR POST-SECONDARY SCHOOL? *(Post-secondary schools include two & four-year colleges, universities, businesses, vocational schools or any formal educational setting beyond the high school level.)* YES () NO ()

IF "YES," PLEASE EXPLAIN (INCLUDE SCHOOL, DATE AND CIRCIMSTANCES)

OTHER TRAINING EDUCATION RELEVANT TO THE POSITION YOU ARE APPLYING FOR: *(Provide copies of training certificates.)*

EMPLOYER:	
ADDRESS:	
PHONE:	
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	
DATES EMPLOYED:	OK TO CONTACT? YES () NO ()
EMPLOYER:	
ADDRESS:	
PHONE:	
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	
DATES EMPLOYED:	OK TO CONTACT? YES () NO ()
EMPLOYER:	
ADDRESS:	
PHONE:	
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	
DATES EMPLOYED:	OK TO CONTACT? YES () NO ()
EMPLOYER:	
ADDRESS:	
PHONE:	
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	
DATES EMPLOYED:	OK TO CONTACT? YES () NO ()
EMPLOYER:	
ADDRESS:	
PHONE:	
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	
DATES EMPLOYED:	OK TO CONTACT? YES () NO ()
EMPLOYER:	
ADDRESS:	
PHONE:	
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	
DATES EMPLOYED:	OK TO CONTACT? YES () NO ()

IF YOU HAVE HAD NO PRIOR EMPLOYMENT, PLEASE EXPLAIN BELOW:	
HAVE YOU HAD ANY EXTENDED WORK ABSENCES FOR REASONS OTHER THAN EARNED VACATIONS? YES () NO ()	
IF "YES," PLEASE EXPLAIN <i>(include when, where, circumstances)</i>	
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 ()	
INCLUDE DETAILS OF WHERE, WHEN & CIRCUMSTANCES:	
HAVE YOU EVER SOUGHT EMPLOYMENT IN LAW ENFORCEMENT? YES () NO ()	
IF "YES," WHAT POSITION, WHAT AGENCY AND HOW FAR ALONG ARE/WERE YOU IN THE HIRING PROCESS WITH EACH?	
MILITARY SERVICE	
(Attach a copy of your DD214)	
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 ()	
<i>If "Yes," give details (include branch of service, when, where, circumstances and penalty.)</i>	
<i>NCO's, Officers or fellow unit members are potential sources of relevant information pertaining to your background. Please list contact information:</i>	
NAME:	RANK:

ADDRESS:		RANK:	
YEARS KNOWN-FROM/TO:			
NAME:		RANK:	
ADDRESS:		PHONE:	
YEARS KNOWN-FROM/TO:			
DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE U.S. MILITARY <i>(add additional pages if needed.)</i>			
FINANCIAL			
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 & ACCURATE.</i> THE AMOUNT OF INDEBTEDNESS WILL NOT BE USED TO EVALUATE YOUR QUALIFICATIONS BUT RATHER THE BEHAVIOR EXHIBITED IN MEETING YOUR FINANCIAL OBLIGATIONS.			
1. HOUSEHOLD INCOME <i>(Itemize)</i>			
SOURCE OF INCOME		MONTHLY INCOME AFTER TAXES, ETC.	
		MONTHLY TOTAL	
2. HOUSEHOLD EXPENDITURES		MONTHLY PAYMENTS	
MORTGAGE CO./LANDLORD:			
ELECTRIC CO.:			
GAS CO.:			
WATER/SEWER:			
PHONE CO.:			
CELL PHONE CO.:			
CABLE/SATELLITE:			
		MONTHLY TOTAL	
3. CREDIT CARD ACCOUNTS, LOANS OR OTHER FINANCIAL LIABILITIES			
NAME OF COMPANY	ACCOUNT NUMBER	CURRENT BALANCE	MONTHLY PAYMENT

MONTHLY TOTAL			
BALANCE-subtract monthly expenses (#2 & #3) from monthly income (#1):			
HAVE YOU EVER FILED FOR BANKRUPTCY? YES () NO ()			
IS THE DEBT RESOLVED? YES () NO ()			
<i>If "Yes," provide complete details such as when, what & why (add additional pages if needed.)</i>			
HAVE YOU EVER HAD DEBT TURNED OVER TO COLLECTIONS OR PROPERTY REPOSSESSED? YES () NO () STILL DELINQUENT? YES () NO ()			
<i>If "Yes" to either question, include complete details such as when, what & why.</i>			
HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY CRIME (excluding traffic citations) 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 the following questions.</i>			
<i>If "Yes" to either question, include details such as when, what & why.</i>			
APPROXIMATE DATE	POLICE AGENCY	CIRCUMSTANCES	
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 & why.</i>			
HAVE YOU EVER BEEN REPORTED TO A LAW ENFORCEMENT AGENCY AS A MISSING PERSON OR RUNAWAY? YES () NO ()			
<i>If "Yes," give details including date, law enforcement agency, how long and circumstances.</i>			
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 & why.</i>			

MOTOR VEHICLE OPERATION			
<i>An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:</i>			
NEVADA DRIVER'S LICENSE #:		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 DRIVER'S LICENSE BY ANY STATE? YES () NO ()			
<i>If "Yes," explain (include when, where & why)</i>			
<i>Nevada Law requires that operators and owners of motor vehicles be covered by automobile insurance. List the current liability insurance you have for your motor vehicles.</i>			
COMPANY	ADDRESS	POLICY NUMBER	DATE OF EXPIRATION
LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED WITHIN THE LAST 5 YEARS:			
VIOLATION	LOCATION (CITY)	MONTH/YEAR	PENALTY
WERE YOU THE DRIVER DURING A MOTOR VEHICLE ACCIDENT WITHIN THE LAST 5 YEARS? YES () NO ()			
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:	

APPLICANTS WHO HAVE BEEN OR ARE CURRENTLY EMPLOYED IN LAW ENFORCEMENT:
HAVE YOU EVER ACCEPTED A GRATUITY (TIP)?
HAVE YOU EVER ACCEPTED ANYTHING FOR OVERLOOKING A CITATION?
HAVE YOU EVER MADE A FALSE REPORT?
HAVE YOU EVER USED YOUR OFFICIAL POSITION FOR PERSONAL GAIN?
HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION?
HAS YOUR POST CERTIFICATE EVER BEEN REVOKED OR SUSPENDED?

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.

Applicant’s Signature

Date Completed

Witness Signature

Date

A COPY OF THE FOLLOWING MUST BE INCLUDED IF APPLICABLE:

REQUIRED: INITIAL ALL THAT HAVE BEEN INCLUDED OR MARK N/A FOR THOSE WHICH DO NOT APPLY TO YOU. MARK ORD IF YOU HAVE ORDERED ANY THAT ARE MISSING.

- _____ DRIVER'S LICENSE
- _____ SOCIAL SECURITY CARD
- _____ BIRTH CERTIFICATE
- _____ HIGH SCHOOL DIPLOMA
- _____ COLLEGE TRANSCRIPTS
- _____ COLLEGE DIPLOMAS
- _____ CREDIT REPORT
- _____ POST CERTIFICATES
- _____ TRAINING CERTIFICATES
- _____ MILITARY FORM DD214 OR ACTIVE DUTY I.D.
- _____ DOCUMENTATION OF NATURALIZATION

USE THE SPACES BELOW FOR ANY ANSWERS YOU FEEL NEED ADDITIONAL EXPLANATION.

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*) _____

Signature _____ Date _____

State of _____

County of _____

This instrument was acknowledged before me on _____ 20____ by _____.

Notarial Officer

AUTHORITY FOR RELEASE OF INFORMATION

Last Name

First Name

Middle Name

Social Security Number

Date of Birth

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, including records of deposits, withdrawals and balances of checking and savings accounts and loans, as well as records from 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, salary, records, real and personal property tax statements and records, other financial statements and records wherever filed, records of complain, 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 complaints 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 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, whoever 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 _____

State of _____

County of _____

This instrument was acknowledged before me on this

_____ day of _____, 20____ by

Signature of Notary



**STATE OF NEVADA
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING**

5587 Wa Pai Shone Avenue
Carson City, Nevada 89701
(775) 687-7678 FAX (775) 687-4911

**AFFIDAVIT (PURSUANT TO NRS CHAPTER 289
AS AMENDED BY SB225, 82nd Session (2023))**

State of Nevada

County of _____

I, _____ affirm:

- **I am not disqualified from serving as a peace officer pursuant to NRS 289.555 – as amended by SB225, 82nd session (2023) which reads:**

NRS 289.555 A person is not qualified to serve as a category I peace officer, category II peace officer or category III peace officer, regardless of whether the person has had his or her civil rights restored, if the person has been:

1. *Convicted of:*
 - a. *felony in this State or any other state, regardless of whether such a conviction was expunged or sealed;*
 - b. *A battery which constitutes domestic violence pursuant to NRS 200.485, regardless of whether such conviction was expunged or sealed; or*
 - c. *A misdemeanor crime of domestic violence, as defined in 18 U.S.C. 921(a)(33), in any other state, regardless of whether such a conviction was expunged or sealed.*
2. *Reported to the National Decertification Index of the International Association of Directors of Law Enforcement and Training or an equivalent database maintained for the purposes of serving as a national registry of certificate or license revocation actions relating to peace officer misconduct.*
3. *Decertified or has had his or her certificate or license to practice or serve as a peace officer revoked or annulled by:*
 - a. *The Commission; or*
 - b. *A certifying or licensing authority in any other state.*

- I have not been discharged, disciplined or asked to resign from employment with a law enforcement agency in this State or any other state for conduct which would, under the regulations adopted by the Commission pursuant to NRS 289.510, constitute grounds for denying certification or revoking the certificate of a peace officer.
- I have not resigned from employment or otherwise separated from employment with a law enforcement agency in this State or any other state while an investigation concerning allegations of conduct which would, under the regulations adopted by the Commission pursuant to NRS 289.510, constitute grounds for denying certification or revoking the certificate of a peace officer, was pending.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this the ____ day of _____

Signature of Affiant

SWORN to subscribed before me, this _____ day of _____, 20____

NOTARY PUBLIC

Commission Expires:
