## **Washoe County Sheriff's Office**



## Application for Auxiliary Deputy Sheriff Search & Rescue

PLEASE PRINT	Unit _		Date		
Full name		First		Middle	
			Are you a U.S. citizen?		
Date of Birth	Place of Birth				
Soc. Sec. No.	Height	Weight	Hair color	Eye color	
Do you hold a valid Nevada driver'	s license?	DL#		Class	
Present address					
Home phone	Work phone		Cell phone	<u></u>	
Marital Status: (Circle one) Single	Married	Widowed	Divorced	Separated	
Date of Marriage	No. of dependent	s including yourself			
Spouse's name		_ Spouse's occupation	on		
Spouse's place of employment					
No. of children Their names	and ages				
Your present employer			Tele	ephone	
Address			Your occupation		
Your previous employer					
Address	Your occupation				
From to Reason for lea	aving				
Have you ever worked for Washoe	County? Depa	rtment			
From to Reason for lea	ving				
List any relatives employed by Wa	shoe County				
Have you served in the Armed Force	ces? Bra	nch	Ra	nk held	
From to Draft status	Тур	e of discharge			
Last school attended					
Location	Maio	or course of study			

List any related training for thi	s position:		
1	2	3	
4	5	6	
		dates?	
Were you convicted?	Details		
		What for?	
		Second car? 4WD?  fford it?	
Do you and your spouse unde	erstand the responsibilities assoc	ciated with this position?	
Why do you desire to become	e an auxiliary deputy sheriff? _		
List organizations that you b	pelong to:		
List two personal references (o			
1	Address	Phone	
2			
Name	Address	Phone	
List your hobbies and interes	sts		
Are you willing to submit to a	polygraph examination?		
		Signature of applicant	

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