

Application for Employment

Deputy applications f			ty Sheriff's Office and the County of Elko considers				
				applications for all positions without regard to race, color,			
Reserve Deputy presence of no					national origin, age, marital or veteran status, the non-job-related medical condition or disability or ally protected status.		
Personal In	formation: Truthfully pro	vide the follow	ing personal inforr	nation.			
Name:							
Last		First		Middle			
Address:	-						
Telephone:	Street		City		State/Zip		
reiepiione.	Home		Cell		<u>—</u>		
E-Mail:							
Are you leg	ally eligible for employm	ent in the Unite	ed States?				
		Yes/No		d of Study		School	
Education Level Attained: Yes/No High School Diploma/GED:			Major/Field of Study		3611001		
College Cre	•		-		-		
Associates I							
Bachelor De	· ·		-	_	-		
Other:							
			Yes/No				
Are you a m	nilitary veteran?			<u>-</u>			
			Yes/No	State:	Certification	n Number:	
Are you cur	rently certified to be a Po	eace Officer?	· 	_			
				Yes/No	Languages:		
Are you cor	oversationally fluent in a	ny languages ot	her than English?				
Have you be	een given a job description	on of had the re	equirements of the	job that you	Yes/No		
are applying	g for explained to you?						
Do you und	erstand the job requiren	nents?					
Can vou pe	rform, with or without re	asonable accor	nmodations, the e	ssential	Yes/No		
	f the job that you are app						
				Yes/No	State	Driver's License #	
Do you pos	sess a valid state issued o	driver's license ?	•				
	iver's license ever been s						
I certify tha	t the information entere	d on this nage i	s true and accurate	to the hest of n	ny knowledge: (1	
. Sertiny tria	t the information critere	a on this page i	o trac aria accurate	to the best of t	, Kilowicusc. (_		

	y: Truthfully provide the for er experience if applicable		our (4) emplo	yers, most recent first. Include Military
Employer:			Job Title:	
Address:	Street	City		State/Zip
Supervisor:	Name	Title		Contact telephone number
Duties:				condet telephone number
Dates:				
Salary:	Date Started	Date Ended		
Reason for I	Starting Salary _eaving:	Ending Salary		
Employer:			Job Title:	
Address:	Street	City		State/Zip
Supervisor:	Street	City		State/2ip
Duties:	Name	Title		Contact telephone number
Dates:	Date Started	Date Ended		<u> </u>
Salary:				<u> </u>
Reason for I	Starting Salary Leaving:	Ending Salary		
Employer:			Job Title:	
Address:	Street	City		State/Zip
Supervisor:		•		
Duties:	Name	Title		Contact telephone number
Dates:				
	Date Started	Date Ended		
Salary:	Starting Salary	Ending Salary		<u> </u>
Reason for I	_eaving:			
Employer:			Job Title:	
Address:	Street	City		State/Zip
Supervisor:	-	•		
Duties:	Name	Title		Contact telephone number
Dates				
Dates:	Date Started	Date Ended		
Salary:	Starting Salary	Ending Salary		
Reason for I		Lituing Salat y		
I certify that	the information entered of	on this page is true and accurate to	the best of n	ny knowledge: ()

Criminal History: Truthfully provide the following	inf	ormation regarding your criminal his	tory.				
Have you ever committed any felonies, whether		Activity	Yes/No				
charged or not, including but not limited to?	a.	Murder					
		Robbery					
		Burglary					
		Kidnapping					
		Manslaughter					
		Auto Theft					
		Assault with Deadly Weapon					
		Arson					
		Illegal possession, use, sales or					
	i.	delivery of drugs/narcotics					
		Forgery/Fraud/Counterfeiting					
	k.	Firearms Violations					
		Other	_				
	l.		_				
Have you ever committed the following criminal		Activity	Yes/No				
acts, whether charged or not?	m.	Domestic Violence					
	n.	Stalking					
Within the past five (5) years, have you		Activity	Yes/No				
committed the following criminal acts, whether	o.	Assault/Battery					
charged or not?		Disorderly Conduct					
5.14.864 6. 1.641	•	Disturbing the Peace					
	-	Trespassing					
		Home Invasion					
	t.	Theft under \$250	_				
	-	Harassment	_				
		Illegal possession	_				
	• •	of marijuana					
	w	Other					
		- Cure.					
Explain any "yes" answers:							
	Yes/No						
Have you been convicted of a misdemeanor or fe	lon						
If yes, list convictions, dates and courts:		·	i				
Charge Convicted of:		Date Cou	t	Disposition			
				p			
	-			_			
	-			,			
	•						
	-			_			
	-			_			
	-			_			
	•						
I certify that the information entered on this pag	e is	true and accurate to the best of my	knowledge: ()			

Acknowledgment: Initial after each item to acknowledge that you understand and agree to each statement.
1. The information that I supplied on this application is true and accurate to the best of my knowledge. I understand that any intentional falsification, misrepresentation, or omission on this application or during any portion of the selection process for position with the Elko County Sheriff's Office may be grounds for disqualification from potential employment or if discovered after being employed, may be grounds for termination of employment. ()
2. I understand that that employment with the Elko County Sheriff's Office is conditional upon successful completion of competitive testing of the Nevada State POST physical fitness assessment, a standardized written law enforcement entrance exam, an oral board interview, an investigation into my personal and professional background, including but not limited to my driving history, employment history, financial history, military service record, previous education, criminal history and other background information, a truth verification examination, a psychological assessment and a medical examination, including a drug screening. ()
3. I give the Elko County Sheriff's Office authorization to verify the accuracy of the information contained in this employment application. I hereby release from liability the Elko County Sheriff's Office and any representatives for seeking, gathering, and using any verifying information and any other person, corporation or organization for furnishing or releasing any verifying information. ()
4. The Elko County Sheriff's Office does not unlawfully discriminate and I understand that no question on this application is used for the purpose of limiting or excusing any applicant from consideration from employment on any basis prohibited by local, state or federal law. ()
Printed Name:
Signature:
Date: