



Mineral County Sheriff's Office

P.O. Box 2290

Hawthorne, NV 89415-2290

Telephone: (775) 945-2434 Fax: (775) 945-5484

Applicant:

Enclosed you will find the following forms:

1. Mineral County Sheriff's Office Employment Application.
2. Mineral County Sheriff's Office Personnel History Supplement.
3. Mineral County Sheriff's Office Release of Military Information form.
4. Mineral County Sheriff's Office Release and Waiver form.

To facilitate the employment process please fill out ALL portions of ALL forms and return them to the Mineral County Sheriff's Office.

Please keep in mind that an incomplete application is grounds for disqualification from the employment process.

Thank you for your interest in employment with the Mineral County Sheriff's Office.

Sincerely

Randy Adams

Randall L. Adams
Sheriff

Applicant:

When filling out the attached forms, special consideration should be given to the following areas:

1. All addresses must be complete, including full street address, city, state and zip code.
2. All telephone numbers outside of Mineral County must include area codes.
3. **ALL** questions are to be answered, if a question is not applicable, then print N/A in the appropriate space. **Do not leave a question unanswered.**
4. Drug/Narcotics questions must be answered completely.
5. **ALL** criminal activity **MUST** be listed unless sealed, expunged, pardoned or released by court.
6. If forms are incomplete or poorly prepared, Sheriff's Personnel Division may reject your application.
7. **DECEPTION OR WILLFUL FALSIFICATION AT ANY STAGE OF THE TESTING PROCESS WILL RESULT IN IMMEDIATE TERMINATION FROM THE EMPLOYMENT PROCESS OR EMPLOYMENT, EVEN IF DISCOVERED AT A LATER DATE.**

Due to the confidential nature of a Law Enforcement application, return all completed applications directly to the Mineral County Sheriff's Office at 105 South A Street, Suite 4, Hawthorne, Nevada 89415 or mail to P.O. Box 2290, Hawthorne, NV 89415-2290.

Employment Experience

Starting with your PRESENT or LAST job, list ***ALL*** employment. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employment Experience Continued

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employment Experience Continued

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employer	<u>Dates Employed</u>	Work Performed
	From: To:	
Address		
Telephone Number	<u>Hourly Salary</u>	
Job Title Supervisor	Start End	
Reason for leaving:		

Employment Experience Continued

Employer	<u>Dates Employed</u>		Work Performed
	From:	To:	
Address			
Telephone Number	<u>Hourly Salary</u>		
	Start	End	
Job Title	Supervisor		
Reason for leaving:			

Employer	<u>Dates Employed</u>		Work Performed
	From:	To:	
Address			
Telephone Number	<u>Hourly Salary</u>		
	Start	End	
Job Title	Supervisor		
Reason for leaving:			

Employer	<u>Dates Employed</u>		Work Performed
	From:	To:	
Address			
Telephone Number	<u>Hourly Salary</u>		
	Start	End	
Job Title	Supervisor		
Reason for leaving:			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job related skills & qualifications acquired from employment or other experience.

Education

	Elementary School	High School	Undergraduate College/University	Graduate or Professional
School Name & Address				
Years Completed				
Diploma/Degree				
Describe course of Study				
Describe any specialized training, apprenticeship, skills and extracurricular activities.				
Describe any honors you feel may be helpful to us in considering your application.				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List Professional, Trade, Business and Civic activities and offices held.

You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

References

Give names, addresses and telephone numbers of THREE references who ARE NOT previous employers or family members.

1. _____
2. _____
3. _____

Have you ever had any job related training in the United States Armed Forces? Yes No

If yes please explain/describe: _____

Are you physically or otherwise unable to perform the essential job duties/functions for the position that you are applying?

Yes No

Employment Data Record

Employees are treated during the employment process and during employment, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap or any other lawfully protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of the Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is OPTIONAL. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and ARE NOT part of your application for employment or personal file purposes.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. Submission of this information is STRICTLY VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security Number:		

Please complete only the section(s) below that apply	
Current job:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Check one of the following:	
<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander Other _____	
<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped	
Birthday:	

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 180 days unless extended by order of the Sheriff or his designee. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my immediate discharge from employment. I understand and agree to abide by all of the lawful rules, regulations, orders, directives, policies and procedures of the Mineral County Sheriff's Office during my employment.

I understand and agree that by submitting this application for employment that it is not a contract of employment, nor does it guarantee future employment with the Mineral County Sheriff's Office.

Signature of applicant

Date

MINERAL COUNTY SHERIFF'S OFFICE
PERSONAL HISTORY SUPPLEMENT

LAST	FIRST	MIDDLE INT.	TELEPHONE #
ADDRESS		CITY	STATE ZIP CODE

SOCIAL SECURITY NUMBER	IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974, DISCLOSURE IS VOLUNTARY. THE SSN WILL BE USED TO ENSURE PROPER RECORDS ARE OBTAINED.		
BIRTH DATE	HEIGHT	WEIGHT	SCARS, MARKS, TATTOOS
	HAIR COLOR	EYE COLOR	
DRIVER LICENSE NUMBER		STATE:	

RELATIVES, REFERENCES, ACQUAINTANCES

IF LIVING, NAME OF:	ADDRESS WHERE PERSON CAN BE CONTACTED	TELEPHONE
FATHER		HM WK
MOTHER		HM WK
FATHER IN-LAW		HM WK
MOTHER IN-LAW		HM WK
SPOUSE		HM WK
FORMER SPOUSE(S)		HM WK
		HM WK
BROTHER(S) AGE		HM WK
		HM WK
SISTER(S) AGE		HM WK
		HM WK
CHILDREN AGE		HM WK
		HM WK
		HM WK
		HM WK
		HM WK

PERSONAL HISTORY SUPPLEMENT

NARCOTICS AND DRUGS

PLEASE KEEP IN MIND ALL QUESTIONS ARE TO BE ANSWERED TRUTHFULLY.

TRY TO ANSWER THIS SECTION AS CLOSE TO TIMES AND USE AS POSSIBLE.

HAVE YOU EVER EXPERIMENTED WITH OR USED ANY OF THE FOLLOWING SUBSTANCES, NARCOTICS OR DRUGS?

<u>ITEM</u>	<u>YES</u>	<u>NO</u>	<u>TOTAL NUMBER</u>	<u>LAST TIME USED</u>
MARIJUANA				
HASHISH/HASH OIL				
COCAINE-CRACK, ROCK, CRYSTAL, FREEBASE (CIRCLE WHICH ONE)				
BARBITURATES-DOWNERS				
METHAMPHETAMINE-CRANK-ICE-CRYSTAL				
HEROIN				
AMPHETAMINES-SPEED				
LSD-OTHER HALLUCINOGENICS				
PCP-ANGLE DUST				
GLUE				
TOLUENE-PAINT SNIFFING				
MDMA-ECSTASY-ADAM-EVE				
STEROIDS				
ALCOHOL				
PSILOCYBIN-MUSHROOMS				
OTHER DRUGS/NARCOTICS NOT LISTED				

FULLY EXPLAIN ALL YES ANSWERS:

LIST ALL ARRESTS, CONVICTIONS OR INVESTIGATIONS THAT YOU ARE AWARE OF:



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 P.O. Box 2290
 Hawthorne, NV 89415-2290
 Telephone: (775) 945-2434 Fax: (775) 945-5484

National Personnel Records Center
 9700 Page Blvd.
 St. Louis, MO. 63132

Name: _____
 (while in service)

Service#: _____

Dates of Active Duty
 From: _____ To: _____

Soc. Sec#: _____

Branch of Service: _____

Dates of Reserve Duty
 From: _____ To: _____

Last Duty Station: _____

AUTHORIZATION FOR RELEASE OF MILITARY PERSONNEL AND MEDICAL RECORDS

I am an applicant for the position of _____ with the Mineral County Sheriff's Office (NV).

I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military and medical records to release to the Mineral County Sheriff's Office any and all information by photocopy from my military records or files. This is to include a copy of my DD Form 214-Report of Separation and any and all disciplinary actions.

 Signature

 Date

TO BE COMPLETED BY THE RECORDS OFFICER

<u>DATE OF ENTRY</u>	<u>DATE OF SEPARATION</u>	<u>REASON FOR SEPARATION</u>	<u>TYPE OF DISCHARGE</u>
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Disciplinary Date(s) [if any]: _____

Significant illness/injury: _____

Psychiatric observations or treatment: _____

Physical condition at time of separation: _____

Releasing Office: _____

Releasing Officer: _____

Date: _____

 Requesting Background Investigator MCSO

 Date



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To Whom It May Concern:

Having made application for employment with the Mineral County Sheriff's Office and desiring it to be informed as to my previous record and character, I authorize any agent of the Mineral County Sheriff's Office, bearing this release or a copy of same, within one (1) year of its date to obtain any information in your files pertaining to my employment, attendance, athletic, personal history, performance report, background investigation, training, polygraph or psychological examinations, educational transcripts, any and all internal affairs and disciplinary investigations, including any material which have been sealed or understood to be withheld pursuant to any prior agreement or court proceeding involving disciplinary or credit matters.

I authorize any agent of the Mineral County Sheriff's Office, bearing this release or a copy of same, within one (1) year of its date, to obtain copies of any background investigation report prepared for or by the Mineral County Sheriff's Office or its agents.

I hereby release you as custodian of such records, and any school, college, university, or other educational institution, consumer reporting agency or retail business, including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damage, whatever kind, which may at any time result to me, my heirs, family, relatives, or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I understand that I have a right to receive a copy of this authorization and acknowledge that I have received a copy of it.

Sign your full name

Date

Print your full name

(STAMP)

Subscribed and Sworn before me on

This _____ day of _____, _____

Notary Public