

OnLine Application

Office of the Nye County Sheriff



We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap or any other legally protected status

Mail Completed Application to: Nye County Sheriff's Office, Recruitment Unit

1520 East Basin Rd., Pahrump, NV 89060 (775) 751-7015

Applicant:

Enclosed you will find the following forms:

1. Nye County Sheriff's Office Employment Application.
2. Nye County Sheriff's Office Personnel History Supplement.
3. Nye County Sheriff's Office Release and Waiver Form.
4. Nye County Sheriff's Office Polygraph Form.
5. Nye County Sheriff's Office Release of Military Information Form.

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

If you list information on a separate sheet of paper, please print your name and social security number on each page submitted.

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 Nye County Sheriff's Office.

Sincerely,

Anthony L. DeMeo,
Sheriff

THE NYE COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER

Provided by NCSO Application Online

OnLine Application

Office of the Nye County Sheriff



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Applicant:

PLEASE READ CAREFULLY AND FOLLOW THESE INSTRUCTIONS

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 Nye County must include the area code.
3. ***DO NOT*** list Nye County Sheriff's Office employees as references.
4. ***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.**
5. Drug/Narcotic questions must be answered completely.
6. ***ALL*** criminal activity ***MUST*** be listed unless sealed, expunged, pardoned or released by court.
7. If you list additional information on separate pieces of paper, you must print your name and social security number on each page that you attach.
8. If forms are incomplete or poorly prepared, Sheriff's Personnel Division may reject your application.
9. **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.**

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

Sincerely,

Anthony L. DeMeo,
Sheriff

Office of the Nye County Sheriff



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Mail Completed Application to:

Nye County Sheriff's Office, Recruitment Unit, 1520 East Basin Rd., Pahrump, NV 89060

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 Nye 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 Nye 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

DATE OF ENTRY	DATE OF SEPARATION	REASON FOR SEPARATION	TYPE OF DISCHARGE

Disciplinary Date(s) [if any]: _____

Significant illness/injury: _____

Psychiatric observations or treatment: _____

Physical condition at time of separation: _____

Releasing Office _____

Releasing Officer _____

Date _____

**POLYGRAPH / COMPUTERIZED VOICE STRESS ANALYZER EXAMINATION
RELEASE AND WAIVER**

I _____ do hereby agree to submit myself to an instrumental detection of deception examination. I am taking this examination voluntarily or on orders from my supervisor, without promise of regard or immunity, and without any force, (mental or physical), or the threat of any force. I understand my rights as a citizen regarding self-incrimination under the State and Federal Constitutions and clearly understand that I am not required to make any statement relative to this case. Except for my answers to test questions, I understand that any statements made by me may be used for or against me in legal proceedings. I understand that a mechanical recording will be made of this examination.

I hereby specifically authorize the Polygraph Examiner to release a report of, and/or discuss the evaluation of all parts of my examination with:

1. The Nye County Sheriff or his designee.
2. Other examiners employed by the same agency as my examiner or designee from any other agency.

I, _____, do hereby release the examiner from any and all liability which may attach from the examination, subsequent reports, or testimony, with regard to, but not limited to: defamation, libel, slander and malicious prosecution.

I, _____, do further grant a general release, do by these presents for myself, my heirs, executors, administrators and assigns, waive, remise and forever discharge and release the examiner from all claims, individual or otherwise, past, present and future, which can or may ever be asserted as a result of injuries or damages, (real or imagined), sustained by me from this examination.

Print your name Date

Sign your name Date

NYE COUNTY SHERIFF'S OFFICE

PERSONAL HISTORY AND IDENTIFICATION DATA SHEET

Name: _____

Position: _____

Physical Address: _____

Mailing Address _____

Phone: _____ Date of Birth: _____

Married Single Divorced Separated

Sex: ____ Race: ____ Weight: ____ Height: ____ Eyes: ____ Hair: ____

Blood Type: ____ Drivers License # _____

Spouse's Name: _____

Address: _____

Phone: _____ Date of Birth: _____

In emergency, notify: _____

Relationship: _____ Phone: _____

Address: _____

In emergency, notify: _____

Relationship: _____ Phone: _____

Address: _____



Office of the Nye County Sheriff

Application for Employment

Position(s) applied for (check each box that applies):

Date of Application: _____

Tonopah

- Patrol
- Dispatch
- Detention
- Clerk
- Animal Control
- Search & Rescue

Pahrump

- Patrol
- Dispatch
- Detention
- Clerk
- Search & Rescue

Beatty

- Patrol
- Dispatch
- Detention
- Clerk
- Search & Rescue

Amargosa

- Patrol
- Dispatch

Gabbs

- Patrol

Smoky Valley

- Patrol
- Search & Rescue

Check the Patrol box of the substation where you want to work. Then check the box for Reserve Deputy.

Reserve Deputy

PLEASE PRINT OR TYPE

Last Name

First Name

Middle Name

Address

Street

City

State

Zip Code

Telephone Numbers (Work)

(Home)

POST Certificates

Category I Date Issued: _____ State of Issuance: _____ Active: Yes No

Category II Date Issued: _____ State of Issuance: _____ Active: Yes No

Category III Date Issued: _____ State of Issuance: _____ Active: Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before?. Yes No

If yes, list date(s) _____

Have you ever been employed with us before?.. Yes No

If yes, list date(s) _____

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

On what date will you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Weekends Holidays

Are you currently on "lay off" status or subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony or gross misdemeanor? Yes No

If yes to any of the above, please attach a separate piece of paper and explain in DETAIL:

OnLine Application
Employment Experience

Start with your PRESENT or LAST job. 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 Numbers	Hourly Salary	
	Start End	
Job Title	Supervisor	
Employer	<u>Dates Employed</u>	
	From To	
Address		
Telephone Numbers	Hourly Salary	
	Start End	
Job Title	Supervisor	
Employer	<u>Dates Employed</u>	
	From To	
Address		
Telephone Numbers	Hourly Salary	
	Start End	
Job Title	Supervisor	
Employer	<u>Dates Employed</u>	
	From To	
Address		
Telephone Numbers	Hourly Salary	
	Start End	
Job Title	Supervisor	

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.

OnLine Application

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 name, address and telephone numbers of THREE references who ARE NOT previous employers and **ARE NOT** employees of the Nye County Sheriff's Office.

1.

2.

3.

OnLine Application

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, martial 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 were they to 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 <input type="checkbox"/> Other _____		
<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped		
Birthday:		

OnLine Application
Applicants 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 ONE (1) YEAR 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 Nye 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 Nye County Sheriff's Office.

Signature of applicant

Date

OnLine Application
NYE COUNTY SHERIFF'S OFFICE
PERSONAL HISTORY SUPPLEMENT

LAST	FIRST	MIDDLE	INT.	TELEPHONE NUMBER
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.
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BIRTH DATE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SCARS, MARKS, TATTOOS
------------	--------	--------	------------	-----------	-----------------------

PLACE OF BIRTH: _____

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

NCSO: BI
 (REVISED 12-04-93)
 (UPDATED 07/22/03)

OnLine Application
PERSONAL HISTORY SUPPLEMENT

RELATIVES, ACQUAINTANCES, REFERENCES (DO NOT list current employees of the Nye County Sheriff's Office), ... continued

LIST 3 - 5 INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR QUALIFICATIONS.

NAME	ADDRESS WHERE PERSON CAN BE CONTACTED	TELEPHONE

EDUCATION – DEPUTY SHERIFF APPLICANTS ONLY

THE NEVADA PEACE OFFICERS AND STANDARDS TRAINING COMMISSION REQUIRES A PEACE OFFICER TO POSSESS A HIGH SCHOOL DIPLOMA OR IT'S EQUIVALENT. PLEASE INDICATE YOUR CURRENT SITUATION WITH REGARD TO THIS REQUIREMENT BY CHECKING ONE OF THE APPROPRIATE BOXES.

- I POSSESS A HIGH SCHOOL DIPLOMA.
- I PASSED THE GENERAL EDUCATIONAL DEVELOPMENT (G.E.D.) TEST.
- I PASSED THE NEVADA HIGH SCHOOL PROFICIENCY EXAMINATION.
- I POSSESS OTHER EQUIVALENT. EXPLAIN _____

I DO NOT CURRENTLY MEET ANY OF THE REQUIREMENTS, BUT I PLAN TO SATISFY THE REQUIREMENT IN THE FUTURE AS FOLLOWS:

WHEN: _____

HOW : _____

LIST ALL SCHOOLS YOU HAVE ATTENDED BEGINNING WITH HIGH SCHOOL.

NAME OF SCHOOL	ADDRESS	FROM	TO

OnLine Application
PERSONAL HISTORY SUPPLEMENT

EDUCATION ... continued

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY HIGH SCHOOL OR POST SECONDARY SCHOOL?

[] YES [] NO

IF YES, PLEASE EXPLAIN - INCLUDE SCHOOL, DATE AND CIRCUMSTANCES :

RESIDENCE

PLEASE LIST ALL OF YOUR RESIDENCES DURING THE LAST TEN YEARS.

ADDRESS	LANDLORD	FROM	TO	RENT/OWN

MORTGAGE COMPANY - ADDRESS	LOAN NUMBER

EXPERIENCE AND EMPLOYMENT

BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST ALL JOBS (INCLUDING PART - TIME, TEMPORARY AND VOLUNTARY POSITIONS) YOU HAVE HELD IN THE PAST TEN YEARS. INCLUDE MILITARY TIME, STUDENT TIME.

LIST ANY LAW ENFORCEMENT EMPLOYMENT TIME EVEN IF IT IS BEYOND TEN YEARS.

NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	FROM	TO
_____	_____	_____ / _____	_____ / _____

TITLE: _____ TELEPHONE NUMBER: _____

DUTIES:

REASON FOR LEAVING:

PERSONAL HISTORY SUPPLEMENT

EXPERIENCE AND EMPLOYMENT ... continued

NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	FROM	TO
_____	_____	_____ / _____	_____ / _____

TITLE: _____ TELEPHONE NUMBER: _____
DUTIES: _____

REASON FOR LEAVING:

NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	FROM	TO
_____	_____	_____ / _____	_____ / _____

TITLE: _____ TELEPHONE NUMBER: _____
DUTIES: _____

REASON FOR LEAVING:

NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	FROM	TO
_____	_____	_____ / _____	_____ / _____

TITLE: _____ TELEPHONE NUMBER: _____
DUTIES: _____

REASON FOR LEAVING:

PERSONAL HISTORY SUPPLEMENT

EXPERIENCE AND EMPLOYMENT ... continued

WOULD ANY PROBLEMS RESULT IF YOUR PRESENT EMPLOYER WERE CONTACTED DURING THE COURSE OF THE BACKGROUND INVESTIGATION?

- NO
- YES IF YES, WHEN SHOULD CONTACT BE MADE? _____

HAVE YOU EVER BEEN ASKED TO RESIGN, BEEN FIRED OR RESIGNED IN - LIEU OF TERMINATION FROM ANY PLACE OF EMPLOYMENT?

- NO
- YES IF YES, PLEASE EXPLAIN IN DETAIL AND LIST WHEN AND THE EMPLOYER.

MILITARY EXPERIENCE

HAVE YOU EVER BEEN IN THE ARMED FORCES, NATIONAL GUARD OR MILITARY RESERVES?

- YES
- NO

IF YES, COMPLETE THE FOLLOWING:

BRANCH OF SERVICE: _____ SERVICE NUMBER: _____

DATES OF SERVICE : _____ TYPE OF DISCHARGE: _____

LIST CURRENT AND PAST DRAFT CLASSIFICATION(S): _____

ARE YOU CURRENTLY IN THE NATIONAL GUARD OR MILITARY RESERVES? YES NO

HAVE YOU EVER BEEN THE SUBJECT OF ANY JUDICIAL OR NON-JUDICIAL DISCIPLINARY ACTION WHILE IN THE ARMED FORCES? YES NO

IF YES, EXPLAIN:

FINANCIAL

HAVE YOU EVER FILED FOR OR DECLARED BANKRUPTCY? YES NO

IF YES, EXPLAIN:

OnLine Application
PERSONAL HISTORY SUPPLEMENT

MOTOR VEHICLE OPERATION

LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE PAST SEVEN YEARS.

NATURE OF VIOLATION	LOCATION	APPROX. DATE	ACTION TAKEN

HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE PAST SEVEN YEARS? YES NO

IF YES, EXPLAIN:

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED, REVOKED, WITHDRAWN OR PLACED ON NEGLIGENT OPERATOR'S PROBATION? YES NO

IF YES, EXPLAIN:

LIST ALL DRIVERS LICENSES YOU HAVE HELD:

DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE : _____

DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE : _____

DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE : _____

CONCEALED WEAPONS PERMIT

IF YOU HAVE EVER APPLIED FOR A CONCEALED WEAPONS PERMIT, PLEASE COMPLETE THE FOLLOWING (WHETHER IT WAS ISSUED OR NOT) INCLUDE A COPY OF THE PERMIT:

DATE	ISSUING AGENCY & ADDRESS	REASON FOR PERMIT
ACTIVE		

OnLine Application
PERSONAL HISTORY SUPPLEMENT

NARCOTICS AND DRUGS

PLEASE KEEP IN MIND THAT 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				
PSILOCYBIN - MUSHROOMS				
PCP - ANGLE DUST				
GLUE				
TOLUENE - PAINT SNIFFING				
MDMA - ECSTASY - ADAM - EVE				
STEROIDS				
ALCOHOL				
OTHER DRUGS/NARCOTICS NOT LISTED				

FULLY EXPLAIN ALL YES ANSWERS:

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

PERSONAL HISTORY SUPPLEMENT

NARCOTICS AND DRUGS ... continued

HAVE YOU EVER SOLD, FURNISHED, MANUFACTURED; CULTIVATED OR POSSESSED ANY DRUG, NARCOTIC OR OTHER ILLEGAL SUBSTANCE? YES NO

IF YES, EXPLAIN

LAW ENFORCEMENT EXPERIENCE

LIST ***EVERY*** LAW ENFORCEMENT APPLICATION OR EXAMINATION YOU HAVE TAKEN OR SUBMITTED.

AGENCY AND ADDRESS	POSITION	DATE OF EXAM	STATUS

LIST ***ALL*** POLICE ACADEMIES YOU HAVE ATTENDED, WHETHER OR NOT YOU GRADUATED.
LIST ***FULL*** ADDRESSES, DATES ATTENDED AND AGENCY AFFILIATION.

AGENCY	ADDRESS	CITY	STATE	ZIP	DATES ATTENDED	TOTAL HOURS

APPLICANTS WHO HAVE BEEN OR ARE NOW EMPLOYED IN LAW ENFORCEMENT:

YES NO

HAVE YOU EVER ACCEPTED A GRATUITY?		
HAVE YOU EVER ACCEPTED ANYTHING FOR OVERLOOKING A VIOLATION?		
HAVE YOU EVER MADE AN OFFICIAL FALSE REPORT?		
HAVE YOU EVER USED YOUR OFFICIAL POSITION FOR PERSONAL GAIN?		
HAS YOUR LAW ENFORCEMENT CERTIFICATE EVER BEEN REVOKED OR SUSPENDED?		
HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION?		

IF YOU ANSWERED YES TO ANY OF THE ABOVE, EXPLAIN FULLY:

PERSONAL HISTORY SUPPLEMENT

LAW ENFORCEMENT EXPERIENCE.... continued

LIST ALL STATE POLICE CERTIFICATIONS. (BASIC, INTERMEDIATE, ADVANCED, ETC...)

DEPUTY SHERIFF APPLICANTS ONLY.

IF IT BECAME NECESSARY IN THE COURSE OF YOUR DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEFS?

YES INITIALS _____

NO INITIALS _____

IF YES, FULLY EXPLAIN:

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW

I HEARBY CERTIFY THAT I HAVE PERSONALLY ANSWERED EACH STATEMENT ON THIS NINE (9) PAGE PERSONAL HISTORY SUPPLEMENT TRUTHFULLY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I AGREE TO BE FINGERPRINTED AND PHOTOGRAPHED AS PART OF THE PRE-EMPLOYMENT INVESTIGATIVE PROCESS.

I UNDERSTAND AND AGREE THAT ANY DELIBERATE FALSIFICATION OR WITH-HOLDING OF MATERIAL FACTS, WRITTEN OR UTTERED, BY MYSELF WILL SUBJECT ME TO IMMEDIATE DISQUALIFICATION FROM EMPLOYMENT WITH, OR CAUSE MY IMMEDIATE DISMISSAL FROM, THE NYE COUNTY SHERIFF'S OFFICE SHOULD I BE HIRED.

SIGNATURE

DATE

WITNESS

FOR ADMINISTRATIVE USE

Application Review:

Incomplete, sent back to applicant. Date: _____ By: _____

Application accepted. Date: _____ By: _____

Background investigator assigned: _____