



KITTITAS COUNTY SHERIFF'S OFFICE

205 W. 5th Avenue – Ste. 1 ♦ Ellensburg, WA 98926
(509) 962-7525 ♦ (509) 674-2584
FAX (509) 962-7599

KITTITAS COUNTY SHERIFF'S RESERVE ASSOCIATION

YOU ARE ELIGIBLE TO JOIN IF YOU ARE:

At least 21 years of age	A High School graduate or have a GED
Have no criminal record	A citizen of the United States
In good physical condition	A resident of Kittitas County
Able to pass through a background investigation, polygraph and psychological exam	
Willing to serve as a volunteer	

YOU WILL BE EXPECTED TO:

- Pass a physical fitness test
- Provide a portion of your own equipment
- Complete all phases of basic Reserve training
- Perform a set number of required volunteer hours each month
- Observe all department policies, rules, regulations and directives
- Possess a valid Washington State Driver's License

YOU WILL BE EXPECTED TO:

- Supplement the contingent of regular Deputies
- Assist the Corrections and Communications departments when needed
- Perform Law Enforcement duties at civic events
- Serve at the discretion of the Sheriff

YOU WILL BE PROFICIENT IN:

Report writing	Communications
Rules of Evidence	Criminal Investigation
Laws of Arrest	Use of Firearms
Emergency Driving	Judicial Procedures
Patrol Procedures	Search and Seizure Laws
Prisoner control and transport	Laws and Ordinances
Prisoner custody and management	Proper use of force

Your role as a Reserve Deputy Sheriff will give you the opportunity to serve your community. In addition, you will gain valuable experience and training through your service with a modern Law Enforcement agency.

Gene Dana, Kittitas County Sheriff

State Accredited 1997

KITTITAS COUNTY SHERIFF'S OFFICE

RESERVE APPLICATION

DATE OF APPLICATION: _____

NAME: _____

DOB: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMPLOYER: _____

AGE: _____ SEX: _____ HEIGHT: _____ EYE: _____ HAIR: _____

AKA's / ALIAS: _____

MARRIED: _____ SINGLE: _____ NUMBER OF DEPENDENTS: _____

SPOUSE'S NAME: _____

DOB: _____ EMPLOYER: _____

MAIDEN NAME: _____

FATHER'S NAME: _____

ADDRESS: _____ PHONE: _____

MOTHER'S NAME: _____

ADDRESS: _____ PHONE: _____

PREVIOUS ADDRESSES (LAST FIVE YEARS):

EMERGENCY NOTIFICATION INFORMATION:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK: _____ CELL: _____

RELATIONSHIP: _____

Do you have any physical, sensory or mental limitations or disabilities that would limit or affect your ability to become a Reserve Deputy? _____

EXPLAIN:

EDUCATION INFORMATION:

(LOCATION) (DATE) (MAJOR/DEGREE)

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

SPECIAL SKILLS: _____

PERSONAL REFERENCES:

Please do not list former employers or relatives. If you are listing a person who is Law Enforcement or Military, please list them properly by rank, home number and the shift(s) they work.

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ **RELATIONSHIP:** _____

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ **RELATIONSHIP:** _____

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ **RELATIONSHIP:** _____

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ **RELATIONSHIP:** _____

DRIVING RECORD INFORMATION:

WASHINGTON STATE DOL #: _____ EXP: _____

List any/all traffic infractions/citations received in the last five years.

(DATE)	(CHARGE)	(LOCATION)	(DISPOSITION)
--------	----------	------------	---------------

Has your license ever been suspended or revoked? _____

EXPLAIN: _____

CRIMINAL HISTORY:

List **any** and **all** criminal activities you have been involved with even if you were not arrested:

(CRIME)	(DATE)	(LOCATION)	(DISPOSITION)
---------	--------	------------	---------------

DRUG HISTORY:

List **any** and **all** illegal drug usage: (Including marijuana, cocaine, heroine, LSD, etc)

EMPLOYMENT HISTORY:

List all employers within the last five years beginning with your current employer.
Account for all periods of self employment, academic time and unemployment.

#1 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

#2 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

#3 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

#4 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

#5 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

#6 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

#7 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

#8 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

EMPLOYMENT GENERAL:

Do you have previous Law Enforcement Training? _____

WHERE/TYPE: _____

How long do you plan on being in the area? _____

Have you ever applied for a full time Law Enforcement position? _____

WHERE/WHEN: _____

Are you currently on any eligibility list? _____

Have you ever worked for this office before? _____

Do you have/ever had a relative employed by this office? _____

What shifts would you be able to work? _____

Are you able to purchase your own equipment? _____

WEAPONS:

Do you have a concealed weapons permit? _____ # _____

List your weapons:

Make	Model	Make	Model
------	-------	------	-------

Make	Model	Make	Model
------	-------	------	-------

Make	Model	Make	Model
------	-------	------	-------

Make	Model	Make	Model
------	-------	------	-------

List any special Law Enforcement skills:

Bilingual:

To the best of my knowledge, the information contained in this application is true and correct to the best of my ability. I further understand that ANY omissions or falsifications on this application shall be grounds for rejection or immediate dismissal if I am accepted.

Signature _____

Print Name: _____

Date: _____

KITTITAS COUNTY SHERIFF'S OFFICE
RESERVE ASSOCIATION

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____ authorize you to furnish the Kittitas County Sheriff's Office with any/all information that you may have concerning my employment, reputation, medical records and information, military service records, financial status and records, references and any personnel records that may exist. Information of a confidential or privileged nature may be included. Your reply shall be used to assist the Kittitas County Sheriff's Office in determining my eligibility and qualifications as well as my physical and moral fitness for a position within the Kittitas County Reserve Association.

I understand my rights under Title 5, Unites States Code, Section 552a, the Privacy Act of 1974, and I herby waive those rights with the understanding that the information furnished shall be used by the Kittitas County Sheriff's Office only in conjunction with employment procedures.

I herby release you, your organization, and all others from any liability or damage which may result from furnishing the information requested.

Date: _____ Signature: _____

Subscribed and sworn before me on this _____ day of _____, 20_____

Notary Public, in and for the State of Washington,

Residing at _____

NOTE: A reproduction of this notarized form shall be, for all intents and purposes, as valid as the original. You may retain this form, or a copy, for your records; however at least one copy of this form must accompany your application.