KITTITAS COUNTY SHERIFF’S OFFICE
307 W. Umptanum Rd • 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 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

Revised 09-25-14
KITTITAS COUNTY SHERIFF'S OFFICE

RESERVE APPLICATION

DATE OF APPLICATION: 

LAST NAME: _______________ FIRST: _______________ MIDDLE: 

DOB: ______________________

CURRENT ADDRESS: ____________________________________________

CITY: _____________________ STATE: _______ ZIP: _____________

MAILING ADDRESS (if different): __________________________________

CITY: _____________________ STATE: _______ ZIP: _____________

HOME PHONE: ____________ WORK: ____________ CELL: ____________

EMAIL: ______________________

CURRENT EMPLOYER: ____________________________________________

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.

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<th>(CHARGE)</th>
<th>(LOCATION)</th>
<th>(DISPOSITION)</th>
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Has your license ever been suspended or revoked? ______________

EXPLAIN: ________________________________________________________
EMLOYMENT 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: ______________________________________________________

________________________________________________________________

EMPLOYMENT GENERAL:

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? _______________
Are you able to purchase your own equipment? ________________

MILITARY INVOLVEMENT:

Branch of Service

Specialty

Date of Enlistment  Date of Discharge

Type of Discharge

*** Please attach a copy of your DD214 ***
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

In the space provided below, give a summary of why you want to join the Kittitas County Reserves and what you can contribute to this office and the community.

Use black ink and your own handwriting. DO NOT TYPE.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signature ___________________________ Date ____________
WAIVER & AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any Police Officer or other authorized representative of the Kittitas County Sheriff's Office bearing this release, or a copy of it, within one year of its date, to obtain copies of any information in your files concerning me, or information pertaining to my employment, including, but not limited to documents concerning my arrest and conviction history, credit history, or education, academic achievement, attendance, athletics, medical, psychological, military service records, personal history, work performance, background investigations, polygraph examinations, and any and all internal affairs investigations and discipline, regardless of whether the information released may be derogatory in nature, including any files which are deemed to be confidential, and/or sealed.

I hereby direct you to release this information upon request of the bearer, regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested to the department. This release is executed with full knowledge and understanding that the information is for the official use of the Kittitas County Sheriff's Office. I authorize the Kittitas County Sheriff's Office to read, review, or photocopy any documents to allow them to assess my suitability as a Department employee.

Consent is granted for the Kittitas County Sheriff's Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the Kittitas County Sheriff's Office.

I hereby release you, as my employer, former employer, or representative of either of them and any school, college, university, or other educational institution, military representative, credit bureau, lending institution, consumer reporting agency, legal firm, medical institution, law enforcement agency, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

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<th>APPLICANT SIGNATURE:</th>
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<tr>
<td>APPLICANT NAME (PRINTED):</td>
<td>DATE OF BIRTH:</td>
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<tr>
<td>ADDRESS:</td>
<td>PHONE (DAY &amp; EVENING):</td>
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SUBSCRIBED AND SWORN TO BEFORE ME ON THIS __________ DAY OF __________________, 20__________.

NOTARY PUBLIC IN AND FOR THE STATE OF __________________________ RESIDING AT __________________________.

MY COMMISSION EXPIRES ON: __________________________

NOTARY'S SIGNATURE: __________________________

NOTARY'S NAME (PRINTED): __________________________

Updated 9/6/12