

Why do you want this position? _____

Please list two references:

_____ Name	_____ Name
_____ Occupation	_____ Occupation
(_____)_____ Home Phone Number	(_____)_____ Home Phone Number
(_____)_____ Business Phone Number	(_____)_____ Business Phone Number

Have you ever been convicted for a violation of the law other than a minor traffic ticket?

No Yes (Provide details on a separate sheet attached to this application)

I certify that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application will disqualify me from selection or result in dismissal.

Signature of Applicant

Date

RETURN THIS APPLICATION TO:

Washington County Sheriff's Office
Attn: Water, Parks & Trails Unit
15015 – 62nd Street North
Post Office Box 3801
Stillwater MN 55082-3801

Washington County does not discriminate on the basis of race, color, national origin, sex, religion, age, and handicapped status in employment or the provision of services.



Office of the Sheriff

Commitment to Excellence



William M. Hutton
Sheriff

Mike Johnson
Chief Deputy

The following information is required for completion of a background check that is necessary for the volunteer position for which you have applied. This information is to distinguish you from other applicants and to make processing more efficient. Failure to provide information may be cause for refection. *Please print all information.*

NAME: _____
Last First Middle

NICK NAME: _____ DATE OF BIRTH: _____
Month, Day, Year

CURRENT ADDRESS: _____
_____ to Present Street
MM/YY City, State and Zip

PREVIOUS ADDRESSES: (List addresses for the last 10 years)

_____ to _____
MM/YY MM/YY Street
City, State and Zip

_____ to _____
MM/YY MM/YY Street
City, State and Zip

_____ to _____
MM/YY MM/YY Street
City, State and Zip

_____ to _____
MM/YY MM/YY Street
City, State and Zip

CURRENT EMPLOYER: (List employment for the last 10 years)

Employment Dates: From _____ to _____
MM/YY MM/YY

Your Job Title: _____

Name of Organization and Department: _____

Address: _____
Street Address, City, State and Zip

Supervisor: _____ Phone Number: (____)_____

PREVIOUS EMPLOYERS:

Employment Dates: From _____ to _____
MM/YY MM/YY

Your Job Title: _____

Name of Organization and Department: _____

Address: _____
Street Address, City, State and Zip

Supervisor: _____ Phone Number: (____)_____

Reason for Leaving: _____

Employment Dates: From _____ to _____
MM/YY MM/YY

Your Job Title: _____

Name of Organization and Department: _____

Address: _____
Street Address, City, State and Zip

Supervisor: _____ Phone Number: (____)_____

Reason for Leaving: _____

Employment Dates: From _____ to _____
MM/YY MM/YY

Your Job Title: _____

Name of Organization and Department: _____

Address: _____
Street Address, City, State and Zip

Supervisor: _____ Phone Number: (____)_____

Reason for Leaving: _____

Employment Dates: From _____ to _____
MM/YY MM/YY

Your Job Title: _____

Name of Organization and Department: _____

Address: _____
Street Address, City, State and Zip

Supervisor: _____ Phone Number: (____)_____

Reason for Leaving: _____

Employment Dates: From _____ to _____
MM/YY MM/YY

Your Job Title: _____

Name of Organization and Department: _____

Address: _____
Street Address, City, State and Zip

Supervisor: _____ Phone Number: (____)_____

Reason for Leaving: _____

Employment Dates: From _____ to _____
MM/YY MM/YY

Your Job Title: _____

Name of Organization and Department: _____

Address: _____
Street Address, City, State and Zip

Supervisor: _____ Phone Number: (____)_____

Reason for Leaving: _____

I certify that all statements made are true, complete, and correct to the best of my knowledge belief. I understand these statements are subject to verification. I understand that falsification of this information will disqualify me from selection or result in dismissal.

Signature of Applicant

Date



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Chief Deputy

AUTHORIZATION TO RELEASE INFORMATION (MINNESOTA STATUTE 13.05, SUBDIVISION 4)

TO:

I hereby authorize and grant consent to the Washington County Sheriff's Office, its agents and/or representatives to obtain and collect information about me, including information that has been classified as private, as defined by Minnesota Statute 13.02, Subdivision 12. The information includes all data collected, created, received, retained, or disseminated relating to my dealings with an individual or agency.

I understand that the information gathered will aid in determining my suitability for a volunteer position with the Washington County Sheriff's Office.

This authorization is valid for one year, but I have the right to cancel it by providing a written notice. A photocopy of this authorization will be treated in the same manner as the original.

Full Name (Print) _____

Other Names Used _____

Date of Birth _____

(Signature)

(Date)



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William M. Hutton
Sheriff

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Chief Deputy

TENNESSEN WARNING

This application is to assist in the process of referring you to the Washington County Sheriff's Office for a possible position as a Reserve Deputy Sheriff. Certain information requested on the application is private, that is, it may be released only to you or the Washington County Sheriff's Office.

PRIVATE DATA	WHY WE ASK FOR THE INFORMATION AND WHAT MAY HAPPEN IF YOU DON'T PROVIDE THE INFORMATION
Name	To distinguish you from all other applicants. Failure to provide information may be cause for rejecting an application.
Street Address	To be able to send you notices. Failure to provide information may be cause for rejecting an application.
Telephone Numbers	To be able to contact you to determine your availability for an interview.
Conviction Record	To determine whether we may legally accept an application from you. To determine whether your record may be a job related conviction.
Driver's License Number	To determine whether you may operate a Sheriff's Office vehicle if requested and authorized by the Sheriff's Office.