



AUXILIARY UNIT APPLICATION Douglas County Sheriff's Office

PLEASE TYPE OR PRINT – FULLY ANSWER ALL QUESTIONS – USE INK ONLY
An Incomplete Statement May Disqualify Your Application

PERSONAL INFORMATION

Last Name	First Name	Middle	Social Security Number	Date of Birth	
Street Address		P.O. Box/Apartment	City	State	Zip Code
Home Telephone	Business Telephone	Cellular Phone	Email Address		
Are you 21 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		To aid in our verification, please list any other name(s) by which you have been known:			
Give Addresses for last 5 years if different from current address:					
1.		2.		3.	
Have you ever lived in another state other than Washington? If so, please list each state, city and date of residency:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid Washington State Drivers License? Drivers License Number: Please list any state in which have held a drivers license:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested? If so, please list each Location, Charge, and Deposition:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any Traffic Citations you have received within the past 3 years. Show each Location, Charge, and Deposition:					
Please list any Traffic Accidents you have been involved within the past 3 years. Show each Location, Charge, and Deposition:					

Have you ever been convicted of a Felony? If so, please list each Date, Location, and Charge:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served a jail sentence? If so, please list each Date, Location, and Charge:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your Drivers License ever been Suspended or Revoked for Any Reason? If so, please list each Date, Location, and Charge:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your physical health:		
Do you Currently have certification in First Aid, CPR, First Responder, or Emergency Medical Technician? List any First Aid training you have received:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.? <small>(Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a Concealed Weapons permit in Washington State? Have you ever had a Concealed Weapons permit Rejected or Revoked? If so, please Explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you Graduate High School?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, do you have a GED? Please state Location and Date:		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your Highest Level of Education?	<input type="checkbox"/> High School <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Some College <input type="checkbox"/> Graduate Degree
Did you serve in the Military? If yes, what Branch of service: Dates of Active Duty: Type of Discharge:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any Colleges/Universities you have attended (including dates and locations):		
Please list any Technical Schools you have attended, including date and location:		
Have you ever has any type of Law Enforcement application Rejected or Have you ever been dismissed from any Law Enforcement position, either full-time or reserve?		<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPERIENCE

Beginning with your present or most recent paid or volunteer position, list your last three employers, including military service. These employers may be contacted for reference purposes.		
1. Name of Organization	Complete Address	Telephone Number
Title		Supervisor's Name
Date of Employment From: _____ To: _____		
Reason for Leaving:		If still employed may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of Organization	Complete Address	Telephone Number
Title		Supervisor's Name
Date of Employment From: _____ To: _____		
Reason for Leaving:		
3. Name of Organization	Complete Address	Telephone Number
Title		Supervisor's Name
Date of Employment From: _____ To: _____		
Reason for Leaving:		

PERSONAL REFERENCES

List three persons who know your qualifications and professional experience. Do not list relatives or supervisors mentioned under "Experience" section. These references will be checked.			
1. Last Name	First Name	Middle Initial	Occupation
Business or Home Address			Telephone Number
2. Last Name	First Name	Middle Initial	Occupation
Business or Home Address			Telephone Number
3. Last Name	First Name	Middle Initial	Occupation
Business or Home Address			Telephone Number

background investigation if required. I agree to submit any and all information on my military service career, if any, including discharge papers and military history during my tour of duty.

I authorize the Douglas County Sheriff's Office to investigate any of the information in this application. I authorize Douglas County and the Douglas County Sheriff's Office to review all driving record information available through the Department of Licensing.

Signature of Applicant

Date

Date Received:	By:	Application Complete? [] Yes [] No
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