St. Clair County Sheriff's Office Reserve Deputy Sheriff Application Sheriff Billy J Murray

Date:

Answer each question in ink and in your own handwriting. Write "No" or "Not Applicable" for questions that do not apply to you. Applicants must be 21 years of age to apply.

Note: Each applicant must attach a photo with their application.

WARNING; GIVING FALSE INFORMATION AND OR OMITTING INFORMATION WILL IMMEDIATELY DISQUALIFY AN APPLICANT FOR CONSIDERATION

Print Full Nam	ne:		
Address:(No PC	D Boxes)		
City		State	Zip
Telephone: (H	ome)	(Work)	(Cell)
Date of Birth:			
Place of Birth:			
City		County	State
Drivers License Number:		Height:	Weight:
Race:	Sex:	Hair:	Eyes:
How long hav	e you lived at your p	present address:	
How long hav	e you lived in St. Cl	air County:	**************************************
Have you prev	viously applied with	the St. Clair County Sheri	ff's Reserve:
If "Yes" When	n		

Reserve Deputy Sheriff Application

Do you have any health considerations that may limit your (Example Asthma or Seizures)		
Do you hold any political or party office:	1	
If "Yes" give title of position:		
List home addressed for the past five(5) years, begin with mos	trecent	
		de l
Have you ever been arrested or placed under bond, char any law, ordinance or policy regulation including traffic vi	ged or cited	for any violation of
If yes explain in detail on separate sheet and attach		
Are you presently employed:		
If yes may your employer be contacted regarding this applicat	on?	
Have you ever been discharged or requested to resign from an	y job or positi	on?
If Yes give details on a separate sheet and attach.		
List your work experience for the past 5 years. Start with your	present or mo	ost recent job and list:
Employer:	_From:	To;
Job Duties:		
Reason for leaving:		

Reserve Deputy Sheriff Application

Employer:		From:	To;
Job Duties:			
Reason for leaving:			
Employer:		From:	To;
Job Duties:			
Reason for leaving:			
Have you ever served in the armed forces any state thereof: [] Yes [] No	s (Active or rese	erve) of the United S	States of America or
Dates of Service: From	То	Unit	
	<u>0</u>		
Rank/Rating at time of separation:	Ту	pe of discharge:	
Are you now an active member of a reser	ve component_	1	
If yes name and location of unit:		181	
What is your highest level of education co	ompleted		
High School Attended		Year Graduated	d:
List colleges and or universities attended	and degrees awa	arded:	

Reserve Deputy Sheriff Application

List the names of present full time and/or reserve deputies whom you know.

I hereby certify that all answers to the questions herein are true and correct and I understand that any misstatement of facts contained in this application will cause the immediate disqualifications of my application with the St. Clair County Sheriff's Reserve Program. I further understand that a complete background investigation including records checks of both my criminal and driving history will be conducted by the St. Clair County Sheriff's Office.

Signature of Applicant

Date