

# LCSO Reserve Application

## POSSE APPLICANT NOTICE

### LEVEL 2 – 4 MEMBERS

The Lea County Sheriff's Office is committed to providing the finest service possible to the citizens of this County. It is essential that all Lea County Sheriff's Office volunteers exhibit the highest degree of honesty, integrity, and accountability as representatives of this Office to our community. A background investigation will be conducted into your personal history.

The application process is designed to obtain and evaluate your complete personal and employment history. It is essential that you look over your application to ensure it is complete and accurate. Take time during the posse orientation process / application process to ask any questions for which you may need clarification. Please be advised that any information that is intentionally omitted or minimized shall result in the immediate termination of your application process. Your information may also be used when necessary to comply with federal, state and local statutes.

Initial: \_\_\_\_\_

I understand that I will not receive, and I am not entitled to information collected during the course of my application process, no documents submitted by me will be returned, and I further understand that the information collected will be used in the evaluation process for volunteer service with the Lea County Sheriff's Office. If I am not selected, I WILL NOT BE ADVISED OF THE REASONS FOR NONSELECTION.

Initial: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Email address: \_\_\_\_\_

**APPLICANT:**



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List all previous residences in the last ten (10) years (List complete street addresses, City, State, and Zip Code):

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Address    City    State    Zip Code    From: Month/Year – To: Month/Year

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Address    City    State    Zip Code    From: Month/Year – To: Month/Year

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Address    City    State    Zip Code    From: Month/Year – To: Month/Year

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Address    City    State    Zip Code    From: Month/Year – To: Month/Year

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Address    City    State    Zip Code    From: Month/Year – To: Month/Year

**DRIVING HISTORY:**

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Current Driver’s License Number & State    Expiration Date    Previous Driver’s License State(s)

Have you ever had your license suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Date of Suspension: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

Date of Suspension: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

List all traffic citations you have received in the last 10 years.

Date (Month / Year)	Location (City & State)	Issuing Agency	Violation	Disposition	Crash Related (Y/N)

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## MILITARY HISTORY:

Have you ever served in the Military? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Dates of Active Service: From \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

Dates of Reserve Service: From \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

List any disciplinary action that you have ever received in the military to include type, date and reason:

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Male Applicants: Are you registered with the Selective Service? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, explain: \_\_\_\_\_

## EMPLOYMENT HISTORY:

List all places of employment during the last 10 years, beginning with the present or most recent employer and going backwards.

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Name of Employer \_\_\_\_\_ From / To (Month & Year) \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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Job Title \_\_\_\_\_ Reason for Leaving (Resigned, Terminated, Furlough, Etc.) \_\_\_\_\_

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Name of Employer \_\_\_\_\_ From / To (Month & Year) \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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Job Title \_\_\_\_\_ Reason for Leaving (Resigned, Terminated, Furlough, Etc.) \_\_\_\_\_

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Name of Employer \_\_\_\_\_ From / To (Month & Year) \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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Job Title \_\_\_\_\_ Reason for Leaving (Resigned, Terminated, Furlough, Etc.) \_\_\_\_\_

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Have you ever been terminated, or left employment in lieu of termination within the past three years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been accused of misconduct by an employer? (Theft, Harassment, Misconduct, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## LAW ENFORCEMENT HISTORY:

Have you ever applied to, or been employed by the Lea County Sheriff's Office in any capacity as a paid employee or as a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date and position: \_\_\_\_\_

Have you ever applied for any position with another law enforcement agency, including the Department of Corrections and similar agencies? Yes \_\_\_\_\_ No \_\_\_\_\_

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Month / Year	Agency Name and State	Position	Status of Application	Contact Person
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Month / Year	Agency Name and State	Position	Status of Application	Contact Person
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Month / Year	Agency Name and State	Position	Status of Application	Contact Person
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Have you ever received any law enforcement training? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain below:

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When	Where	Type of Certification
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Have you ever had any involvement or association with another law enforcement agency, including the Department of Corrections and similar agencies, either as a volunteer or paid employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and where: \_\_\_\_\_

Have you ever been terminated while working for a law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received discipline while working for a law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to either question, provide Month / Year, Employer, and a detailed explanation: \_\_\_\_\_

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## EDUCATION AND TRAINING:

List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED if applicable.

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Date Graduated	School Name	Address	Type of Diploma Received
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Date Graduated	School Name	Address	Type of Diploma Received
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Date Graduated	School Name	Address	Type of Diploma Received
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List any skills or abilities possessed (IT skills, Commercial Driver's License, Foreign Language – speak, read, write)

## REFERENCES:

List the names of any acquaintances employed the LCSO. \_\_\_\_\_

List three personal references. These references must not be employed with LCSO, be a former employer, or a relative.

(1)

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Name	Address	City	State	Zip Code
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Occupation	Contact Phone Number	How long have you known this person?
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(2)

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Name	Address	City	State	Zip Code
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Occupation	Contact Phone Number	How long have you known this person?
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(3)

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Name	Address	City	State	Zip Code
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Occupation	Contact Phone Number	How long have you known this person?
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## ORGANIZATIONAL MEMBERSHIP:

Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of New Mexico, by any unlawful or unconstitutional means? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

## POLICE CONTACT:

Have you EVER been arrested, convicted, charged, questioned, or detained (to include a citation in lieu of arrest) for ANY offense, violation of ANY statute or ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list in the following chart using common names for offenses:

Date (Month / Year)	Location (City & State)	Issuing Agency	Original Charge (Battery, Shoplifting, etc.)	Reduced to (Assault, Larceny, etc.)	Disposition (Guilty, Not Guilty)

## DRUG USE:

Have you ever used a prescription drug that was not prescribed to you? (Pain killers, muscle relaxers, antibiotics, sleep aids, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you ever used a prescription drug for other than the prescribed purpose? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you ever GIVEN or SOLD prescription drugs, marijuana or any other illegal narcotics or dangerous drugs?

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Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain what drug, the quantity, and when to include month and year. \_\_\_\_\_

The use of **COCAINE, HEROIN, or METHAMPHETAMINE** within a five year period prior to application will be cause for disqualification. Any prior or current use of L.S.D. or other hallucinogens will be reason for disqualification. Any other drug usage will be reviewed on an individual basis to determine acceptability or disqualification depending upon the frequency and most recent usage.

### Narcotics History

Drug	Yes	No	Explanation of Use (Last Used)
Marijuana			
Hashish / Hash Oil			
THC (powder or tablets)			
LSC			
Peyote			
Mescaline			
PCP			
Cocaine			
Tranquilizers			
Opium			
Heroin			
Codeine			
Methadone			
Designer Drugs (i.e. ecstasy)			
Other (i.e. steroids)			

**STATEMENT OF CHARACTER:**

What qualities do you possess that would make you a good Sheriff's Office Posse Member?

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## Authorization for Release of Information Agreement Lea County Sheriff's Office

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**To whom it may concern:** I am an applicant for a position with the Lea County Sheriff's Office – Reserve Program. The office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Lea County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Lea County Sheriff's Office, whether said records are public, private, or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Lea County Sheriff's Office to consider in determining my suitability for employment in that office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from damages that may result from furnishing the information requested, including any liability or damage pursuant to any State or Federal laws. I hereby release you as the custodian of such records of this organization, including its deputies, officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Lea County Sheriff's Office regardless of any agreement I may have with you previously to the contrary. The law enforcement organization requesting the information

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pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Lea County Sheriff's Office's acceptance and processing of my application for employment, I agree that if any adverse information be obtained during this background investigation, it will be released to my current employer (only if current employer is a law enforcement agency). I also agree to hold the Lea County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Lea County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, The Privacy Act of 1974, and section 29-10-6A of the New Mexico Arrest Record Information Act with regard to access to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Lea County Sheriff's Office in conjunction with employment procedures.

A photocopy or fax copy of this Release of Information Agreement will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is being presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I have read and fully understand the conditions set forth in this Authorization for Release of Information Request.

I therefore being of sound mind freely and without reservation consent to the conditions stated in this document by affixing my signature below:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public

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My Commission expires: \_\_\_\_\_