

LICENSE / CERTIFICATION (Law Enforcement/Corrections, P.E., Attorney. C.P.A... etc.)	Date Issued	Issued by (State or Other Authority)	License No.	Location of Issuing Authority (City & State)

Special Skills / Qualifications: List **ALL** special skills you possess and machines or equipment you can use, such as calculators, printing or graphics, computer equipment, types of software and hardware, backhoe, grader, forklift, welder, eighteen wheeler, etc.

Approximate Words Per Minute in Typing (Keyboard) Skills _____ (If required for this position)

What language (s) do you speak?

How fluently? Fair Good Excellent

Have you ever been employed by the **County of Lea**? Yes No If Yes, list the departments and dates of employment.

Do you have any relatives working for the **County of Lea**? Yes No If yes, list the names, relationships, and department where employed.

REFERENCES: Please provide names, addresses and phone numbers of **three** references **NOT** related to you (exclude employers) in order to be considered for employment.

Name	Address	City / State	Phone Number
1.			
2.			
3.			

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, separated. I understand that failure to complete the application may be sufficient cause for rejection of this application or separation after employment. I also understand that if I am employed by the County, I must comply with its policies, procedures and directives as a condition of employment. I further understand that no employee or representative of Lea County, other than the County Manager, has the authority to enter into any agreement for employment for any specified period of time.
2. I, the undersigned, authorize any and all of my present and past employers, law enforcement agencies, courts and motor vehicle departments to disclose information regarding my character, integrity, reputation, work performance and job duties to the **County of Lea**.
3. I understand that the **County of Lea** will keep the information provided during the employment process confidential to the extent permitted by law. This application, along with any attachments, becomes the property of the **County of Lea**.

THIS APPLICATION MUST BE SIGNED

Sign Here ►

Applicant's Signature

Date

THIS APPLICATION MUST BE SIGNED BY PARENT IF APPLICANT IS UNDER 18

Sign Here ►

Parent's Signature

Date

LEA COUNTY SHERIFF'S Office
SUPPLEMENT QUESTIONNAIRE **Lea**
County Sheriff's Explorer/Volunteer

Full Legal Name: LAST, FIRST, MIDDLE, TODAY'S DATE	
List any other name you have used (Maiden, Nicknames, Married, etc.)	
1.	4.
2.	5.
3.	6.

DRUG USAGE

Illegal drug use will not be tolerated during volunteer employment with the Lea County Sheriff's Office.

ACADEMY FITNESS SCREENING STANDARDS

During the course of the Explorer program, all individuals will be expected to participate in physical training (PT). The goal is for all individuals to pass the minimum requirements set forth by the Police Academy Exit standards to better prepare for their future. If you are unable to pass this currently, the explorer program will help push you and ensure you are given the support to become physically fit.

WRITTEN EXAMINATION

A written examination will be conducted to help the explorer applicant get an idea of where they currently stand as if they were applying for a position of Deputy Sheriff today. This exam will be graded but will not be used to accept or deny an applicant.

ORAL REVIEW BOARD

Each applicant will be interviewed by the Explorer Advisor along with another Deputy and/or another explorer. It could also be determined that a panel of peers (explorers) will conduct the interview and feedback will be given to the Explorer Advisor.

BACKGROUND INVESTIGATION AND REFERENCE CHECKING

Applicants will be scheduled to meet with a background investigator to complete their portion of the background investigation which includes but is not limited to: reference checking & criminal history. Upon completion of the background investigation and a reference check, results are favorable if the investigation does not reveal any areas of concern which a contraindication of volunteer employment with the Lea County Sheriff's Office would be such as convictions of perjury (lying under oath), drug use, and brutality.

FULL NAME: LAST, FIRST, MIDDLE TODAY'S
DATE

TERMS

Conditional Offer of Employment: A conditional offer of employment will be extended to eligible applicants by Sheriff's Department personnel, prior to the required drug screen, psychological, medical and physical examinations. The conditional offer will be withdrawn if: the applicant tests positive for controlled substances, medical practitioner (s) reveal any areas of concern or if there are any other indicators which would be a contraindication of good moral character for employment with the Lea County Sheriff's Department.

VOLUNTEER CONDITIONS

The Explorers will volunteer by attending Weekly Meetings (Wednesday 6pm-8pm), Competitions, Scenario Training (Includes Local/State/Federal Law), Event Security (Partnered with Deputies), Physical Training (PT), Traffic Control, Ride-A-longs, Specialized Law Enforcement Training, and MUCH MORE!!!

During Ride-a-long opportunities and community events, Explorers ages 14-17 will be eligible to participate so long as they do not pass 10pm with parent permission.

Explorers ages 18-20 will be eligible to participate in any time so long as it does not interfere with any school or educational function at the approval of the Explorer Advisor.

UNIFORMS

Explorers will NOT be required to purchase their own duty gear as these items get expensive. However, if the Explorer wishes to purchase any equipment to help them with training they will be allowed. Uniform shirts will be provided by the Sheriff's Office. Boots and Pants will be the only required purchase by the Explorer. Information on this will be provided to the Explorer/Parent upon successful acceptance to the program.

Referral

How did you hear about this program?

We encourage all Explorers to share their experiences about the program with their friends who also have an interest in Law Enforcement. All Explorers will be held to a higher standard than others their age.

FULL NAME: LAST, FIRST, MIDDLE TODAY'S DATE

ADDRESS HISTORY

In the spaces below, list all addresses where you have lived during the past ten (10) years, including military addresses, if applicable. BEGIN WITH YOUR PRESENT ADDRESS.

From	To	Street Address	City	County	State

DRIVING HISTORY

Do you currently have a valid driver's license? YES NO

STATE	LICENSE CLASS	EXPIRATION	DRIVERS LICENSE NUMBER	RESTRICTIONS

List all states where you have been licensed and/or all names you have been licensed under.

NAMES	STATES

Have you ever had a driver's license revoked or suspended by the licensing authority (state or county)?

YES NO *If YES, in the space below list the required information.

FROM	TO	STATE	REASON

Have you ever been sentenced to a driver improvement school?

YES NO *If YES, in the space below list the required information.

FROM	TO	STATE	REASON

FULL NAME: LAST, FIRST, MIDDLE TODAY'S
DATE

Driving History Continued:

List all driving citations/summons you have received as an adult or juvenile, beginning with the most recent:

MONTH/YEAR	CHARGE	CITY/STATE	DISPOSITION

NARCOTICS HISTORY

Please **initial** in the correct box regarding the illegal use of drugs. List your explanation on the lines provided if you answered YES to that question. ***Everyone will make mistakes in their life, if this is you it's okay and we understand. Be honest, if you lie and are found to have lied in any capacity you will be removed from the program if accepted and this will be forwarded to any hiring agency in the FUTURE. DO NOT LIE!!!!!!***

Drug	Yes	No	
Marijuana/Synthetic Marijuana			
Hashish/Hash Oil			
THC (powder or tabs)			
LSD			
Meth			
Mescaline/Peyote			
PCP			
Cocaine			
Tranquilizers			
Opium			
Heroin (black or brown)			
Codeine			
Methadone			

Designer Drugs (i.e. ecstasy, MDMA, Etc.)			
Other(i.e. Steroids)			

Have you ever engaged in the illegal use of drugs, including the consumption of a prescription drug not prescribed to you? YES NO

FULL NAME: LAST, FIRST, MIDDLE TODAY'S
DATE

Have you ever illegally obtained any prescription drugs or controlled substances? YES NO

Have you ever used any illegally obtained prescription drugs or medications? YES NO

Have you ever illegally: sold, furnished, or supplied any narcotics or drugs to anyone? YES NO

Have you ever possessed any illegal narcotics or drugs? YES NO

EMPLOYMENT/TRAINING

Have you ever applied for a position with any law enforcement or public safety agency? YES NO

DATE	DEPARTMENT	CITY/STATE	STATUS

Do you have any disabilities (physical, mental, learning) or medical conditions (Respiratory, Asthma, Blood Pressure, etc.) or take any prescription medication which you wish to disclose? (This is not a disqualifier in any means. This is to ensure we can properly help your training and be aware to ensure your health and safety is first priority).

Have you ever received any law enforcement training? YES NO *If YES, explain in the space below

What is the extent of your exposure to law enforcement activities?

FULL NAME: LAST, FIRST, MIDDLE TODAY'S
DATE

MISCELLANEOUS:

Have you ever been released or terminated from a job because of your failure to meet job requirements, other than reasons of disability.

YES NO

Have you ever been discharged, asked to resign or given the opportunity to resign in lieu of discharge?

YES NO

Have you ever been demoted to a lower position or rank for any reason?

Yes NO

Have you ever been suspended from duty or received disciplinary action?

YES NO

Are you able to perform all the duties as listed on the job description with or without accommodation?

YES NO

Describe your reasons for applying for this position. Tell us about yourself (summary of interests) and why do you want to learn about the field of Law Enforcement? Include any personal experiences and your current view of what Law Enforcement is.

Feel free to attach a resume with this application if available.

(Use a separate sheet of paper if necessary and hand write legibly).

