

APPLICATION
LOUDON COUNTY SHERIFF'S DEPARTMENT
RESERVES

CONFIDENTIAL

Name _____

Address _____

Previous Address (If less than five (5) years) _____

Home # _____ Work # _____ Pager # _____ Cell # _____

Occupation _____

Employer _____

Years Employed _____ Supervisor _____

Marital Status _____ Spouse Name _____ # Dependents _____

Date of Birth _____ Age _____ Social Security # _____

Driver's License # _____ Issuing State _____

Gender _____ Race _____ Hair _____ Eye Color _____

Height _____ Weight _____ Identifying Marks _____

Physical Limitations/Restrictions _____

Military Service Dates _____ Branch _____

Type Discharge _____ Rank/Assignment _____

Religious Preference for Chaplain _____

Organizational Memberships _____

High School Graduate Yes ___ No ___ Where and year _____

If No, Do You Have a GED Certificate Yes _____ No _____

Have you ever been arrested? _____ **If yes**, on what charge _____

Where Arrested _____ When Arrested _____

Disposition of Case/Cases _____

Do you take daily medications? _____ For what? _____

List meds: _____

Do you have previous Law Enforcement Experience? _____ If so, Explain _____

Training/Certifications/Licenses _____

LOCAL REFERENCES

Name/Address/Phone #

1) _____

2) _____

3) _____

INCLUDE WITH YOUR APPLICATION:

1) ONE FULL LENGTH PHOTO OF YOURSELF

2) COPY OF YOUR DRIVER'S LICENSE

**LOUDON COUNTY SHERIFF'S DEPARTMENT
RESERVES**

AFFIDAVIT

By my signature below, I certify that the information provided on the Application to the LOUDON COUNTY SHERIFF'S DEPARTMENT RESERVES is true to the best of my knowledge and belief and I understand that my application can be rejected if found to contain untrue or misleading information. In addition, if untrue or misleading information should be found after acceptance in the LOUDON COUNTY SHERIFF'S DEPARTMENT RESERVES that I may be dismissed without recourse. I also understand that inquiries will be made as to my general character and reputation. I further certify that I am not and have not been a member of any organization which advocates the violent or forceful overthrow of the government of the United States of America or unlawful discrimination against any of its' citizens.

Signature _____

Date _____

ACCEPTANCE SIGNATURES:

Loudon County Sheriff/Chief Deputy _____

Loudon County Sheriff's Department Reserves Chief _____

(Two (2) signatures required for acceptance.)

**LOUDON COUNTY SHERIFF'S DEPARTMENT
RESERVES**

APPLICATION QUESTIONNAIRE

How did you learn about the Loudon County Sheriff's Department Reserves? _____

Why do you want to become an Officer with the Loudon County Sheriff's Department Reserves? _____

Are you aware that this is a **VOLUNTEER** organization and the Officers receive **NO** pay for duties? _____

Are you willing to attend classroom training when not on your Primary Job? _____

Can you respond at a moments notice when activated by phone or page when not on your Primary Job? _____

Approximately, how many hours a week could you donate to the Loudon County Sheriff's Department Reserves? _____

Can you communicate respectfully with the public? _____

Can you give directions/instructions/orders to the public? _____

Can you take and carry out orders received without discussing them with anyone, including your family? _____

Can you take orders/instructions within a chain of command? _____

In your words, what does the Loudon County Sheriff's Department Reserves represent to you? _____
