

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?_____
