

AGENCY ADDRESS FROM/TO REASON FOR LEAVING

1. _____
2. _____
3. _____

REFERENCES:

LIST THOSE PERSONS (NOT RELATIVES OR FORMER EMPLOYERS) WHO YOU WOULD LIKE TO SERVE AS REFERENCES:

NAMES ADDRESS CITY/STATE PHONE YEARS KNOWN

SPORTS AND ATHLETICS:

DESCRIBE YOUR INVOLVEMENT IN ANY TEAM OR INDIVIDUAL SPORTS IN WHICH YOU HAVE ACTIVELY PARTICIPATED: _____

ARE YOU AWARE OF ANY PHYSICAL LIMITATIONS OR HAVE YOU BEEN ADVISED TO AVOID SPECIFIC PHYSICAL ACTIVITIES? IF SO, PLEASE LIST:

DO YOU HAVE ANY PHOBIAS, SUCH AS FEAR OF WATER, HEIGHTS, ENCLOSED PLACES, ETC., OR OTHER LIMITATIONS, WHICH COULD AFFECT YOUR PERFORMANCE WITH THIS ORGANIZATION? PLEASE SPECIFY:

CAN YOU SWIM?

YES ()

NO ()

LEGAL CIRCUMSTANCES:

LIST AND DESCRIBE CIRCUMSTANCES OF ALL ARRESTS AND CITATIONS (INCLUDING TRAFFIC):

DATE CHARGE DISPOSITION

RESIDENCE HISTORY:

LIST THE ADDRESSES OCCUPIED WITHIN THE LAST 3 YEARS IF DIFFERENT FROM CURRENT ADDRESS:

FROM/TO ADDRESS CITY/STATE OWNER/LANDLORD

EDUCATION AND TRAINING:

LIST ALL HIGH SCHOOL, COLLEGE, GRADUATE SCHOOL, MILITARY AND OTHER COURSES OF STUDY COMPLETED:

FROM/TO COURSE/INSTITUTION DEGREE/CERTIFICATE

FIRST AID: _____

CPR: _____

SCUBA DIVING: _____

RESCUE: _____

OTHER: _____

LIST ANY ADDITIONAL TRAINING OR SKILLS WHICH WOULD ENHANCE YOUR ABILITY AS A DIVE-RESCUE SPECIALIST:

SUMMARIZE YOUR DIVING EXPERIENCE SINCE CERTIFICATION:

STATEMENT OF PERSONAL INTEREST:

BRIEFLY STATE YOUR REASONS FOR WISHING TO JOIN THE GRANT COUNTY SHERIFF'S OFFICE SEARCH & RESCUE ORGANIZATION:

I CERTIFY THAT THE ANSWERS GIVE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, CRIMINAL, FINANCIAL, OR MEDICAL HISTORIES AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN ACCEPTANCE DECISION. I HEREBY RELEASE ALL PERSONS FROM ANY AND ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION MAY RESULT IN REFUSAL OR DISMISSAL. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE GRANT COUNTY SHERIFF'S OFFICE SEARCH AND RESCUE ORGANIZATION.

SIGNATURE OF APPLICANT

DATE

SPONSOR