



KITTITAS COUNTY SHERIFF'S OFFICE

307 W. Umptanum Rd ♦ Ellensburg, WA 98926

(509) 962-7525 ♦ (509) 674-2584

FAX (509) 962-7599

KITTITAS COUNTY SHERIFF'S RESERVE ASSOCIATION

YOU ARE ELIGIBLE TO JOIN IF YOU ARE:

At least 21 years of age	A High School graduate or have a GED
Have no criminal record	A citizen of the United States
In good physical condition	A resident of Kittitas County
Able to pass through a background investigation, polygraph and psychological exam	
Willing to serve as a volunteer	

YOU WILL BE EXPECTED TO:

- Pass a physical fitness test
- Provide a portion of your own equipment
- Complete all phases of basic Reserve training
- Perform a set number of required volunteer hours each month
- Observe all department policies, rules, regulations and directives
- Possess a valid Washington State Driver's License

YOU WILL BE EXPECTED TO:

- Supplement the contingent of regular Deputies
- Assist the Corrections and Communications departments when needed
- Perform Law Enforcement duties at civic events
- Serve at the discretion of the Sheriff

YOU WILL BE PROFICIENT IN:

Report writing	Communications
Rules of Evidence	Criminal Investigation
Laws of Arrest	Use of Firearms
Emergency Driving	Judicial Procedures
Patrol Procedures	Search and Seizure Laws
Prisoner control and transport	Laws and Ordinances
Prisoner custody and management	Proper use of force

Your role as a Reserve Deputy will give you the opportunity to serve your community. In addition, you will gain valuable experience and training through your service with a modern Law Enforcement agency.

Gene Dana, Kittitas County Sheriff

Revised 09-25-14

KITTITAS COUNTY SHERIFF'S OFFICE

RESERVE APPLICATION

DATE OF APPLICATION: _____

LAST NAME: _____ **FIRST:** _____ **MIDDLE:** _____

DOB: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL: _____

CURRENT
EMPLOYER: _____

EDUCATION INFORMATION:

(LOCATION) (DATE) (MAJOR/DEGREE)

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

SPECIAL SKILLS: _____

PERSONAL REFERENCES:

Please do not list former employers or relatives. If you are listing a person who is Law Enforcement or Military, please list them properly by rank, home number and the shift(s) they work.

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ **RELATIONSHIP:** _____

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ **RELATIONSHIP:** _____

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ **RELATIONSHIP:** _____

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____ **RELATIONSHIP:** _____

DRIVING RECORD INFORMATION:

WASHINGTON STATE DOL #: _____ EXP: _____

List any/all traffic infractions/citations received in the last five years.

(DATE)	(CHARGE)	(LOCATION)	(DISPOSITION)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your license ever been suspended or revoked? _____

EXPLAIN: _____

EMPLOYMENT HISTORY:

List all employers within the last five years, beginning with your current employer.
Account for all periods of self employment, academic time and unemployment.

#1 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

#2 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

#3 DATE: _____ TO _____ POSITION: _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PHONE: _____ HOURS PER WEEK: _____

DUTIES: _____

#4 DATE: _____ TO _____ POSITION: _____
EMPLOYER: _____ SUPERVISOR: _____
ADDRESS: _____ CITY: _____ STATE/ZIP: _____
PHONE: _____ HOURS PER WEEK: _____
DUTIES: _____

EMPLOYMENT GENERAL:

Have you ever applied for a full time Law Enforcement position? _____
WHERE/WHEN: _____

Are you currently on any eligibility list? _____
Have you ever worked for this office before? _____
Do you have/ever had a relative employed by this office? _____
Are you able to purchase your own equipment? _____

MILITARY INVOLVEMENT:

Branch of Service

Specialty

Date of Enlistment _____ Date of Discharge _____

Type of Discharge

*** Please attach a copy of your DD214 ***



GENE DANA, SHERIFF

KITTITAS COUNTY SHERIFF'S OFFICE

307 W Umptanum Road • Ellensburg, WA 98926

Phone (509) 962-7525 • Fax (509) 962-7599

WAIVER & AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any Police Officer or other authorized representative of the Kittitas County Sheriff's Office bearing this release, or a copy of it, within one year of its date, to obtain copies of any information in your files concerning me, or information pertaining to my employment, including, but not limited to documents concerning my arrest and conviction history, credit history, or education, academic achievement, attendance, athletics, medical, psychological, military service records, personal history, work performance, background investigations, polygraph examinations, and any and all internal affairs investigations and discipline, regardless of whether the information released may be derogatory in nature, **including any files which are deemed to be confidential, and/or sealed.**

I hereby direct you to release this information upon request of the bearer, regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested to the department. This release is executed with full knowledge and understanding that the information is for the official use of the Kittitas County Sheriff's Office. I authorize the Kittitas County Sheriff's Office to read, review, or photocopy any documents to allow them to assess my suitability as a Department employee.

Consent is granted for the Kittitas County Sheriff's Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the Kittitas County Sheriff's Office.

I hereby release you, as my employer, former employer, or representative of either of them and any school, college, university, or other educational institution, military representative, credit bureau, lending institution, consumer reporting agency, legal firm, medical institution, law enforcement agency, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

APPLICANT SIGNATURE:		DATE:
APPLICANT NAME (PRINTED):		DATE OF BIRTH:
ADDRESS:	PHONE (DAY & EVENING):	

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC IN AND FOR THE STATE OF _____ RESIDING AT _____.

MY COMMISSION EXPIRES ON: _____

NOTARY'S SIGNATURE: _____

NOTARY'S NAME (PRINTED): _____

STAMP: SERIAL