

Wayne County Sheriff's Reserve
201 W. North Street
Wooster, OH 44691
330-287-5499

TO: SHERIFF'S RESERVE APPLICANT

P R E F A C E

The Wayne County Sheriff's Office would like to take this opportunity to thank you for your interest in the Wayne County Sheriff's Reserve. Our Reserves like to take pride in the high caliber personnel that have been with our organization since its inception. These members are good, honest citizens, and are unselfish and unending in their devotion and contributions toward their community without expectation of reward. They spend many hours away from their homes and families to protect and serve others.

This Preface is to acquaint you, as an applicant, with some of what is expected of you before and after acceptance in the Reserve prior to filling out the attached questionnaire.

1. The role of the Reserve is to contribute assistance to the regular department.
2. Age 21 - 60.
3. Valid Ohio driver's license.
4. Registered voter.
5. United States citizen.
6. Good moral character and successfully pass an oral review board.
7. No criminal record.
8. Good physical condition.
9. High school education or GED.
10. Desirable personality in dealing with people.
11. A willingness to dedicate time and energies in assisting the Sheriff to make Wayne County a safer place to live, **without compensation**.
12. Successfully pass a polygraph examination, background check, and psychological examination.
13. Serve a minimum of 12 hours per month and work at least one Sunday visitation per month, plus regular meetings and schooling.
14. Successfully complete the basic police training course, as required by the State of Ohio, within one year of appointment and at your expense (if you wish to carry a firearm and have arrest powers.) (Optional)
15. Must be a resident of Wayne County.

All applications will be submitted to the Sheriff for his approval and then must be voted on and accepted by the entire Reserve membership. All members of the Reserves must adhere to all rules and regulations of the Wayne County Sheriff's Office.

**WAYNE COUNTY SHERIFF'S OFFICE
EMERGENCY RESERVE APPLICATION**

You must complete this application in its entirety. After completing the application, return it to the Sheriff's Office. A background check will begin at that time. At the successful completion of the background check and all testing, you will be notified to attend the next regularly scheduled meeting. To complete and file this application, you must attach the following:

1. Photograph of yourself.
2. Copy of your driver's license*
3. Copy of your social security card*
4. Three letters of recommendation. (Law Enforcement references preferred)*

*Copying of these documents may be completed at the Sheriff's Office.

FAILURE TO SUBMIT THE ABOVE DOCUMENTS WITH THE COMPLETED APPLICATION WILL RESULT IN REJECTION OF THE CANDIDATE

THE FOLLOWING PARAGRAPH IS VERY IMPORTANT. READ IT CAREFULLY BEFORE SUBMITTING THIS APPLICATION FOR APPROVAL.

I state that all information included in this application to be true and correct to the best of my knowledge and understand that upon being investigated and approved by the Sheriff, I will receive my commission as a Reserve Deputy Sheriff. Further, I agree to undergo periodic training courses, attend called meetings, and be available when called upon. If granted this commission, I agree to use such only to uphold law and order, and NEVER abuse the authority vested in me.

Upon receipt of my Reserve Deputy Sheriff's commission with the Wayne County Sheriff's Office, I understand and agree that:

1. I serve at the pleasure of the appointing Sheriff and am subject to surrender of my commission upon the request of the Sheriff without right of appeal.
2. I may not hold another commission with any other law enforcement entity concurrent with my Wayne County commission.

Signed Applicant

I do hereby authorize the Wayne County Sheriff's Office to conduct a full background check on my past activities to determine my fitness to serve in the capacity of a Reserve Officer with the Wayne County Sheriff's Office. This background check will include but not be limited to fingerprinting, Federal Bureau of Investigation and Bureau of Criminal Identification and any outside law enforcement agency, check on previous criminal record; local police criminal activity check, interviews with parents, spouse, ex-spouse, offspring, other relatives, associates, employers, ex-employers, acquaintances, neighbors, physicians, ex-physicians, and hospitals. I specifically authorize any of these people to allow the Wayne County Sheriff or his agents to inspect any and all records in their possession that pertain to my physical condition or employment record; to check all pertinent records to include birth certificate, operators license, diplomas, degrees, or certificates that verify educational achievements; all documents pertaining to military service; and nationalization papers.

It is also understood and agreed that I completely release and absolve the Wayne County Sheriff and his agents for all liability connected in any manner either directly or indirectly, with the conduct of this examination.

Signed Applicant

NOTARY

Sworn to before me and subscribed in my presence, this _____ day of _____, 20____.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you have any physical impairments such as defects of hearing, vision or speech? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Identifying scars or tattoos? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you now receiving any partial or total permanent disability payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is any criminal charge now pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |

WITHIN THE LAST TEN YEARS

- | | | |
|---|--------------------------|--------------------------|
| 5. Have you been convicted of any felony or misdemeanor including minor traffic violations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has your driver's license been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you been dismissed from or asked to resign from any position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you applied for a position at any other law enforcement agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever applied for a position at another law enforcement agency and been rejected? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you belong to any military reserve organizations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you or have you ever been associated with an organization or group that advocates or advocated the overthrow of the United States Government? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If you have answered "Yes" to any question please explain fully below, indicating by number which question you are responding to: | | |

13. List below your wife/husband and children by name, address, and age.

- | | | |
|--|--------------------------|--------------------------|
| 14. Have you been certified under the requirements of the Ohio Peace Officer Training Council of Ohio? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If yes, date certified and where. _____

- | | | |
|---------------------------|--------------------------|--------------------------|
| Is certification current? | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------|--------------------------|--------------------------|

Yes

No

MEDICAL HISTORY

- 1. Eye trouble not corrected by glasses Yes No
- 2. Head injury, dizzy spells, seizures, or black out spells. Yes No
- 3. Back or neck injuries Yes No
- 4. Lung disease or chronic cough, asthma, shortness of breath. Yes No
- 5. Heart disease, chest pains, high blood pressure, rheumatic fever, heart attack, angina? Yes No
- 6. Hay fever or drug allergies? Nervous or mental disorders? Yes No
- 7. Major operations? Yes No
- 8. Have you ever received benefits or payments because of injury, sickness, or disability? Yes No
- 9. Are you taking any prescription medication at this time? If so, what type? Yes No

- 10. Please explain any of the "yes" answers above _____

11. What is the name and address of your family physician?

- 12. Do you use alcoholic beverages? Yes No
What kind and how often? _____

13. Have you ever been treated for alcoholism or a drug habit?

14. Do you use addicting, stimulating, or depressing drugs?

I, the undersigned, applying for employment with the Wayne County Sheriff's Office, do hereby certify that the answers to the questions above are true and correct, and give permission to the examining office to disclose any and all the information herein contained or hereafter obtained from the undersigned applicant to the employer as may be necessary.

Date Signature of Applicant