## **COOS COUNTY SHERIFF'S OFFICE SEARCH AND RESCUE APPLICATION**

Please provide complete information for each blank, so your eligibility for Search and Rescue can be determined. If a blank does not apply to you, please put a dash or N/A (for non-applicable) in that blank.

1. Position applying for	r:	Department:				
2. Name:	First		MI	Social Security No:		
3. Mailing Address: Street		City	State	Date o	f Birth:	
4. Telephone Number:		Cell Pho	one:			
5. Have you ever been con Conviction does not necessa		· · · · · · · · · · · · · · · · · · ·	· — ·		d in juvenile court and minor tra	ffic violations.
*******	******	*****	******	*******	******	
6. EDUCATION RECORD: Did COLLEGE, TRADE SCHOOL, C				o If no, do you have yo	our GED? 🗌 YES 🔲 NO	
Name and Location	From	-To (MO/YR)	Fields of Study (Major/Minor)	Credit (Semester/Qtr Hours)	Certificates/Degrees	
Name and Location	From	-To (MO/YR)	Fields of Study (Major/Minor)	Credit (Semester/Qtr Hours)	Certificates/Degre	
Name and Location	From	-To (MO/YR)	Fields of Study (Major/Minor)	Credit (Semester/Qtr Hours)	Certificates/Degrees	
7. List any special skills, add	itional train	ng, licenses	or certificates you have	e that are pertinent to th	e position for which you are apply	ing.
Typing Speed: wpm	1		Shorthand	or Speedwriting	wpm	
**************************************	******** ames of thre			**************************************	**************************************	experience, or
Name	Address		Business		Telephone	
Name	Address		Business		Telephone	
Name	Address		Business		Telephone	
9.Do have any relative(s) cur yes, give name(s) and rela	tion.					
COO	COLIN	TV CHEE	DIFF'S OFFICE S	EADCH AND DEC		

## COOS COUNTY SHERIFF'S OFFICE SEARCH AND RESCUE APPLICATION

10. If applying for a position which requires you to drive, please complete the following:
Do you possess a valid Oregon Driver's License? YES NO ODL#

Has license been restricted, suspend	led, or revoked in	the last 5 years? YE	S NO	If Yes, explain
				e your work experience during the past EIGHT years. In are applying. Include volunteer work.
Employing Firm and Address	Phone Number	Job Title		Supervisor Name and Title
From Mo-Yr To Mo-Yr  Specific Duties:	Full Time? Yes or No	Last Salary	Reason for leav	ring
Employing Firm and Address	Phone Number	Job Title		Supervisor Name and Title
From Mo-Yr To Mo-Yr  Specific Duties:	Full time? Yes or No	Last Salary	Reason for lea	ving
Employing Firm and Address	Phone Number	Job Title		Supervisor Name and Title
From Mo-Yr  Specific Duties:	Full time? Yes or No	Last Salary	Reason for leavi	ng
Employing Firm and Address	Phone Number	Job Title	Supe	rvisor Name and Title
From Mo-Yr To Mo-Yr  Specific Duties:	Full time? Yes or No	Last Salary	Reason for leavi	ng
coos cou	NTY SHERIF	FF'S OFFICE SEA	RCH AN	D RESCUE APPLICATION
Employment History Continued:				

Employment History Continued:

Employing Firm and Ad	idress	Phone Number	Job Title	Supervisor Name and Title
From Mo-Yr	To Mo-Yr	Full time? Yes or No	Last Salary	Reason for leaving
Specific Dutie	c·			

12.	REMARKS – Use this space for additional details and clarification.	You may also attach any additional information,
i.e.,	resume, letters of recommendation.	

13. I understand that to insure that I am not placed in a position which might be a hazard to me or to others, a physical examination or other forms of testing relating to my physical condition may be required upon offer of employment at Coos County's expense and authorize release of information to Coos County, and I release Coos County from any and all liability related to the examination and/or testing.

I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsifications, misrepresentation, or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.

I authorize the investigation of all matters which Coos County deems relevant to my qualifications for employment, including all statements contained in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors and managers) or employers supplying it. I also release Coos County from all liability which might result from making the investigation.

I have read the above statements and have reviewed all of the information I provided in this application and in any attachements or supporting documents.

********************************

SIGNATURE:

DATE:

As an Equal Opportunity/Affrimative Action Employer, Coos County is dedicated to a policy of non-discrimination in employement on the basis of race, color, religion, sex, national origin, age, marital status, mental or physical disability.

Under provision of the Immigration Reform and Control Act of 1986, Coos County requires any person hired or rehired to provide evidence of identify and eligibility for employment.

NOTE: If you believe your civil rights in employment matters have been violated at any time during the course of your consideration for employment, please contact the Personnel Office.