

Name: _____

Date: _____

Supplemental Application Questions

Sheriff Deputy

1. List hours you are available to work each day or select Anytime:

Sunday: _____ or Anytime

Monday: _____ or Anytime

Tuesday: _____ or Anytime

Wednesday: _____ or Anytime

Thursday: _____ or Anytime

Friday: _____ or Anytime

Saturday: _____ or Anytime

Holidays: Yes No

Full Time: Yes No

Part Time: Yes No

2. How many years of experience do you have in Law Enforcement?

I do not have this experience

Less than 1 year

1 year or more, but less than 3 years

3 years or more

3. What is your P.O.S.T. License Number? _____

4. If you have completed post high school education, please list the school(s) you attended and indicate your major area(s) of specialization.
