



APPLICATION INSTRUCTIONS

LYON COUNTY SHERIFF'S SEARCH AND RESCUE

1. LYON COUNTY EMPLOYMENT APPLICATION – complete this application, then date and sign.
2. AUTHORIZATION TO RELEASE INFORMATION – Review this section, then date and sign that you have read and understand. If you do not sign this section your application will be rejected.
3. THE OMNIBUS CONSOLIDATED APPROPRIATIONS ACT OF 1997 – Review this section, answer the questions appropriately, then date and sign. This section must be signed by personnel applying for a Deputy Sheriff position (reserve or full time).
4. CHILD SUPPORT INFORMATION – Review this section, and answer the questions appropriately, sign, date and list your social security number.
5. NOTICE OF CONFIDENTIALITY OF OFFICE INFORMATION – Read the notice, then date and sign that you have read and understand.
6. FINGERPRINT WAIVER – Initial and date page 1, and on page 2 under applicants name please print, sign and date.
7. COPY OF YOUR DRIVERS LICENSE – Provide a copy of both sides of your driver's license with the application package.
8. VOLUNTARY EMERGENCY DATA FORM - fill in the appropriate fields.



LYON COUNTY
EMPLOYMENT APPLICATION
 An Equal Opportunity Employer

27 S. Main Street
 Yerington, NV 89447
 (775) 463-6510
 fax (775) 463-6500

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements. Lyon County is an equal opportunity provider and employer.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: (____) _____

Email address: _____

Are you a current Lyon County employee? Yes No If yes, what Department? _____

Position Applied For: _____ Department: _____

Have you been given a job description or had the requirements of the job explained to you? Yes No

Do you understand the job requirements? Yes No

Can you perform the requirements of this job with or without reasonable accommodations? Yes No

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? Yes No

School Name	Location	Hours Earned	Diploma, Degree or Certificate	Major Field of Study
Business/Technical/Vocational				
1.				
2.				
College/University (Undergraduate)				
1.				
2.				
Graduate School				

For positions which require a high school graduation or GED or a college degree, a copy of the high school diploma/GED certificate or college diploma may be required.

LICENSES (Optional, unless required for the position for which you are now applying.)

List driver's license and other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates.

List any special skills you possess and/or equipment or office machines you can operate.

OTHER INFORMATION

If you are not a current Lyon County employee, have you previously worked for Lyon County?

Yes No When? _____

Do you have a relative(s) who are currently employed by Lyon County? Yes No _____

Name(s): _____

Have you ever been disciplined in your employment related to workplace violence? Yes No If yes, please explain: _____

Do you presently use illegal drugs? Yes No

Have you failed or refused a DOT pre-employment drug/alcohol test in the last two years? Yes No

EMPLOYMENT HISTORY

Provide information regarding all paid, military, and volunteer work for the prior 10 years. Describe your most recent position first; then list other positions in order, working down from the most recent. Use a separate block for each position -- even though with the same organization. Use additional sheets if necessary. Do NOT use references such as "See Resume" in place of completing this section.

May we contact all employers listed? Yes No (Attach a list of any exceptions with an explanation.)

Present Employer: _____ Present Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

Present Employer: _____ Present Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other information that is not included in this employment application.

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read and understand each of the statements. If you have questions, contact the Human Resources Director.

- Following an offer of employment, you will be required to submit verification of your legal right to work in the United States.
- All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.
- Employment will be *at will* unless specifically stated to be otherwise. “*At will*” means Lyon County may terminate my employment at any time with no advance notice and for any reason or no reason.
- This application is the property of Lyon County and will become part of my personnel file if I am hired.

I authorize Lyon County to contact any organization or individual that I have listed on my employment application and/or resume or mentioned in job interviews, and to obtain from them any relevant information regarding my previous employment, education, certificates, licenses, military service, criminal history, characteristics or traits, or other qualifications for employment with Lyon County.

In exchange for Lyon County’s consideration of my employment application, I authorize anyone possessing this information to furnish it to Lyon County upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including Lyon County, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant: _____

Date: _____

AUTHORIZATION TO RELEASE INFORMATION

The undersigned hereby authorizes the Lyon County Sheriff's Department or its agents to receive and record any information pertinent to a background investigation of my personal and business life for the purpose of employment. This authorization is limited for use only for official purposes and is not to be used or information supplied to any private or unauthorized agency.

DATE: _____ SIGNATURE: _____

THE OMNIBUS CONSOLIDATED APPROPRIATIONS ACT OF 1997:

(The ACT) has changed part of the Gun Control Act of 1968. The change brought on by "The Act" makes it unlawful for any person CONVICTED of a "misdemeanor crime of domestic violence" to ship, trespass, or receive firearms. **THIS PROHIBITION DOES APPLY TO LAW ENFORCEMENT OFFICERS.** The term "misdemeanor crime of domestic violence" means an offense that is a misdemeanor under federal or state law and has an element including the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, sibling, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabited with the victim as a spouse, parent, guardian, or by a person similarly situated to a spouse, parent or guardian of the victim.

The changes brought on by "The Act" are not time specific. Any prior conviction prohibits possession of a firearm. The following two questions must be asked and must answer both.

1. Have you ever been convicted of a misdemeanor crime of domestic violence?
 YES NO
2. Are you currently named in any type of Restraining Order or Temporary Protective Order? YES NO

DATE: _____ SIGNATURE: _____

CHILD SUPPORT INFORMATION:

Please mark the appropriate response. Failure to mark one of the three will result in denial of application.

1. I am not subject to a court order for support of a child.
2. I am subject to a court order for the support of one or more children and I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
3. I am subject to court order for the support of one or more children and I am not in compliance with the order or a plan by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

APPLICANT SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ SSN: _____



Nevada Department of **Public Safety** Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by **LYON COUNTY SHERIFFS OFFICE** (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

_____ _____
Initial *Date*



MEMORANDUM

January 3, 2023

To: Applicants for Volunteer Forces Positions

From: Brad Pope, Sheriff

Subject: **Notice of Confidentiality of Office Information**

The attached rules have been approved as Lyon County Sheriff's Office policy and, as such, is required that each applicant for service with the Office Volunteer Forces be familiar with them.

Each applicant will acknowledge receipt and understanding of this notice by signing the attached statement which will be placed in your personnel file.

Attachments: Notice of Confidentiality of Office Information
Statement of Receipt and Understanding



LYON COUNTY SHERIFF'S OFFICE

Notice of Confidentiality of Office Information

1. Employees shall not disclose or allow access to information contained in or obtained from criminal history information, records maintained by the State Attorney General's Office, the Nevada Division of Investigation or material, documents and information from the Federal Bureau of Investigation or any other agency of State or Federal government, unless such disclosure or access is authorized by law.
2. Employees shall not use any information derived from any Sheriff's Office sources or records for personal gain or use, except as authorized by law or Sheriff's Office policies and procedures.
3. Employees shall not permit any person to receive information connected with the operation of the Sheriff's Office without permission of the Sheriff or as otherwise provided in law or Office policies and procedures.
4. Employees shall not disclose to anyone the facts or the nature of any investigation or other official Office activity, except as provided by law or Office policies and procedures.
5. Employees shall not give any unauthorized person any information concerning the location of records, weapons, ammunition, the number of deputies on duty, shift assignments, patrol beat area or the addresses or telephone number or other personal information relating to Sheriff's Office personnel, sworn or unsworn.
6. Serving the public provides each of us with a great responsibility. Consequently, there can be no compromise in the requirement for all employees to follow the Sheriff's Office policies and procedures on records and information and this "Notice of Confidentiality of Office Information." Any violations of said requirements shall subject employees to severe disciplinary action and or termination.



MEMORANDUM

To: Brad Pope, Sheriff

From: _____

Subject: **Notice of Confidentiality of Office Information**

I have read and understand the memorandum dated January 3, 2023, subject as above.

Signed: _____ Date: _____



Lyon County Sheriff's Search and Rescue Voluntary Emergency Data Form

****Name** _____

**DOB	
Blood Type	
Allergies	
**Height	
**Weight	
**Hair Color	
**Eye Color	
**Complexion	
Health Issues / Physical Limitations	
Medications	
Doctor / Health Care Provider	
Medical Insurance Information	
**Emergency Contact 1 Name	
**Emergency Contact 1 Relationship	
**Emergency Contact 1 Address	
**Emergency Contact 1 Home Phone	
**Emergency Contact 1 Work Phone	
**Emergency Contact 1 Cell Phone	
**Emergency Contact 2 Name	
**Emergency Contact 2 Relationship	
**Emergency Contact 2 Address	
**Emergency Contact 2 Home Phone	
**Emergency Contact 2 Work Phone	
**Emergency Contact 2 Cell Phone	

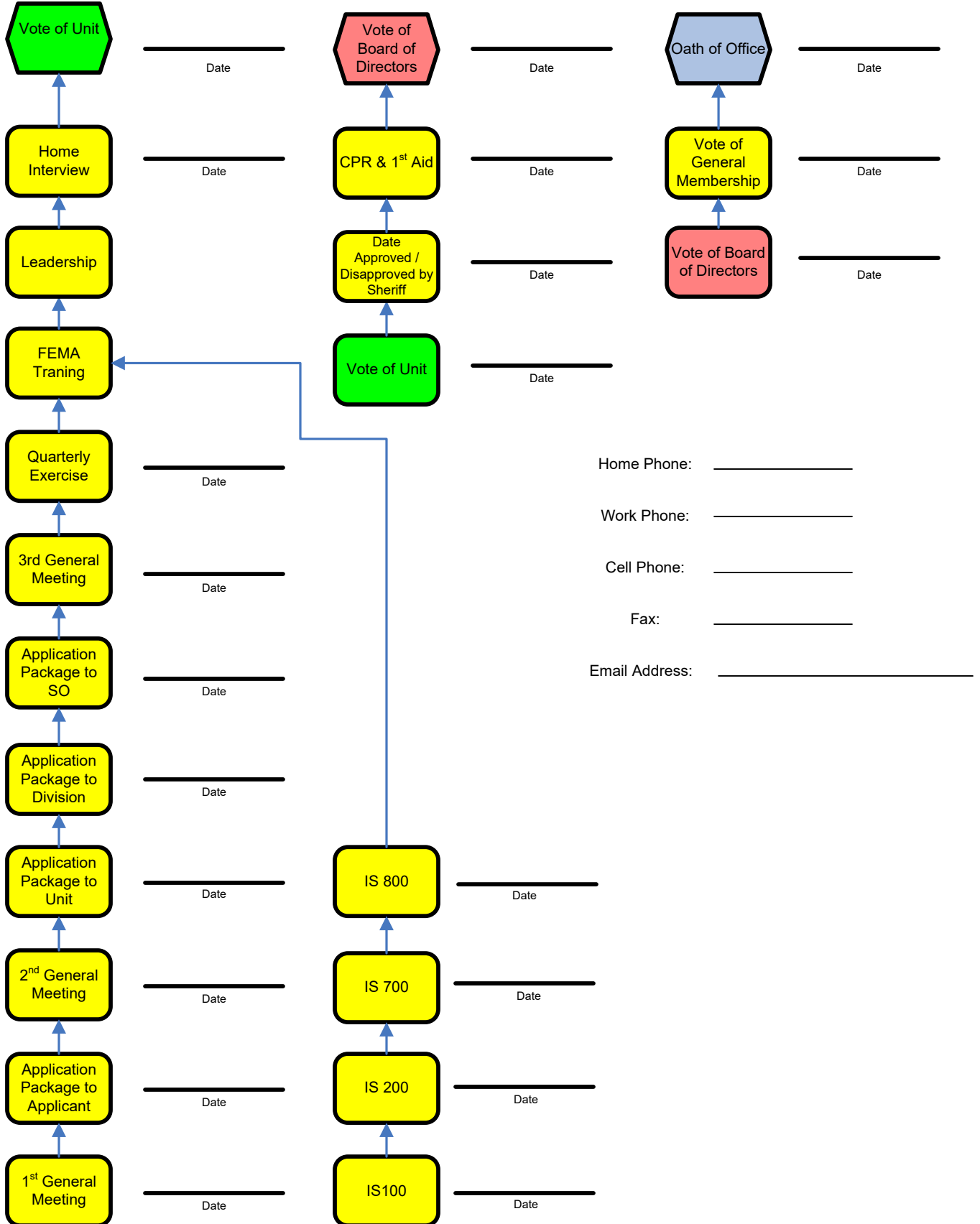
**** Denotes fields that are mandatory to fill in. All other fields are voluntary and will only be used in case of an emergency.**



LYON COUNTY SHERIFF'S SEARCH AND RESCUE NEW HIRE CHECK LIST AS OF 02/11/2020

Members Name: _____ Unit Assigned: _____

Sworn Member or Civilian Volunteer



Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____