



WILSON COUNTY SHERIFF'S OFFICE

JUNIOR DEPUTY APPLICATION

Date of Application: ____/____/____

Full Name: _____ Preferred Name: _____

Date of Birth: ____/____/____ Age: ____ Social Security Number: ____/____/____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____

Shirt Size: _____ Pant Size: _____

School Information

Current or Last School Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Guidance Counselor: _____ Phone Number: (____)____-____

Current G.P.A.: _____ Year to Graduate: _____

Employment Information

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____)____-____ How long have you been employed there? _____



JUNIOR DEPUTY APPLICATION

Personal References

1)

Name: _____ Phone Number: (____)____-_____

Address: _____

Relationship/Years Known: _____

2)

Name: _____ Phone Number: (____)____-_____

Address: _____

Relationship/Years Known: _____

3)

Name: _____ Phone Number: (____)____-_____

Address: _____

Relationship/Years Known: _____

4)

Name: _____ Phone Number: (____)____-_____

Address: _____

Relationship/Years Known: _____



JUNIOR DEPUTY APPLICATION

Parent/Guardian Information

1)

Parent/Guardian Name: _____ Relationship to Child: _____

Phone Number: (____)____-____ Work Number: (____)____-____

Address: _____ City: _____ State: _____

2)

Parent/Guardian Name: _____ Relationship to Child: _____

Phone Number: (____)____-____ Work Number: (____)____-____

Address: _____ City: _____ State: _____

Emergency Contact List

Please list up to 3 people to contact in case of an emergency.

1)

Name: _____ Relationship to Child: _____

Best Phone Number to Call: (____)____-____

2)

Name: _____ Relationship to Child: _____

Best Phone Number to Call: (____)____-____

3)

Name: _____ Relationship to Child: _____

Best Phone Number to Call: (____)____-____



WILSON COUNTY SHERIFF'S OFFICE

JUNIOR DEPUTY APPLICATION

Background Information

Please answer the following questions with a YES or NO, and provide an explanation if necessary

- 1. Do you possess a valid driver's license? ... If yes, please complete the following: Number: ... State: ... Type/Class: ... Exp. Date: ...
2. Has your license ever been suspended or revoked? ... If yes, please explain below and include the date(s).
3. Have you ever received a traffic ticket? ... If yes, please complete the following: Date Received Ticket: ... Charge(s): ... Location: ... Issuing Agency: ... Disposition: ...
4. Have you ever been suspended or expelled from school? ... If yes, please explain:
5. Have you ever been arrested and/or convicted for a crime other than a traffic offense(s)? ... If yes, please explain what you were arrested for, the date and disposition.
6. Have you ever applied for a position as a Police/Sheriff Explorer with another agency? ... If yes, with what agency?
7. Have you ever been a Law Enforcement Explorer, volunteer, or employer with any Law Enforcement agency? ... If yes, with what agency?
8. Do you know any Sheriff Deputies, including Correctional Officers, or Sheriff Explorers with the Wilson County Sheriff's Office? ... If yes, who? ... How many years have you known them?



WILSON COUNTY SHERIFF'S OFFICE

JUNIOR DEPUTY APPLICATION

General Information

Please answer the following questions with a YES or NO, and provide an explanation if necessary

1. If you are under the age of 18, do you use tobacco? _____ If yes, explain why: _____

2. Have you ever consumed an alcoholic beverage(s)? _____ If yes, explain why and when you did: _____

3. Have you ever consumed any controlled substance(s), including marijuana? _____
If yes, list the substance(s) you consumed, and explain why and when you did: _____

4. Why do you want to become a Sheriff's Explorer? _____

5. Will you be able to attend the scheduled Monday meetings? _____ If no, please list the reason(s) why: _____

6. If accepted into the Sheriff's Explorers, what will be your goals? _____

7. List any community service organizations, social, school, or other groups that you are a part of, or have been a member of: _____

8. List any course(s) or training that you have taken, that you feel will have an effect on the Sheriff's Explorer Academy: _____



JUNIOR DEPUTY APPLICATION

Health History Information

1. Do you have any illnesses or condition(s) that may prevent you from taking part in the Sheriff's Explorer Academy? _____ If yes, please explain: _____

2. Are you currently on any medication(s)? _____ If yes, please list the medication(s) and what they are taken for: _____

3. Do you wear glasses and/or contacts? _____ List any other vision problems: _____

4. Do you have any hearing impairment(s)? _____ If yes, please explain: _____

5. Have you ever been diagnosed with a mental disorder, nervous disorder, or have ever attempted or threatened suicide? If yes, please explain: _____

This line should **ONLY be signed if the applicant or parent/guardian refuses to complete the Health History Information page of this application. If the information has not been refused and the page has been fulfilled, please continue to the next page without signing**

Signature of Applicant

_____/_____/_____
Date

Signature of Parent/Guardian

_____/_____/_____
Date



WILSON COUNTY SHERIFF'S OFFICE

JUNIOR DEPUTY APPLICATION

(Initial)

_____ I hereby certify that there are no willful falsifications, omissions, and/or misrepresentations in the foregoing statements and answers to these questions.

_____ I understand that **ANY** omission and/or false statements on this application shall be sufficient cause for rejection for enrollment and/or dismissal from the Wilson County Sheriff's Office Explorer Academy.

_____ I also grant permission for the Wilson County Sheriff's Office to verify the above information contained on this application, and for them to run a criminal history background check on my behalf.

By typing your name below in the signature field, you agree to use your typed name as an electronic signature in the verification of this application

Printed Name of Applicant

_____/_____/_____
Date

Signature of Applicant

Printed Name of Parent/Guardian

_____/_____/_____
Date

Signature of Parent/Guardian