



## LYON COUNTY ARES/RACES REGISTRATION FORM

Name: \_\_\_\_\_  
                    **First**  **Middle**  **Last**

Nickname: \_\_\_\_\_ Sex: M/F

Call sign: \_\_\_\_\_ License Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bus Phone: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Indicate the bands and modes that you operate: F – Fixed, M – Mobile, H – Hand held (list all that applies)

Mode	160M	80M	40M	20M	15M	10M	6M	2M	1.4M	70CM	23CM	Other
Voice												
CW												
SSB												
RTTY												
AMTOR												
Packet												

Emergency Generator: Y/N kW: \_\_\_\_\_ Four Wheel Drive: (make & model) \_\_\_\_\_

Portable Antenna: \_\_\_\_\_

List any experience or training related to EMCOMM

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**LYON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT  
VOLUNTEER APPLICATION**



<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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<b>Physical Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Home Phone</b>
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<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Cell Phone</b>
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<b>Date of Birth</b>	<b>Age</b>	<b>Social Security#</b>	<b>Height</b>	<b>Weight</b>	<b>Hair</b>	<b>Eyes</b>
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<b>Drivers License Number (Attach a copy of both sides of the license)</b>	<b>State</b>	<b>Blood Type</b>
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<b>Skills, Expertise, Education that you can provide to Lyon County Emergency Management</b>

**Personal References ( List at least 3 people)**

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
<b>Name</b>	<b>Address</b>	<b>Phone Number</b>

**I provided the required information freely and voluntary. I understand that all information must be correct and that any false information is grounds for rejection of this application. I authorize the Lyon County Sheriff's Department to conduct a check of my criminal history, driving history and a complete background investigation.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



“Protect and Serve”

## 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. COPY OF YOUR DRIVERS LICENSE – Provide a copy of both sides of your driver’s license with the application package.
7. 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.

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### 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

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### 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.

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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.

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## 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.

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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: \_\_\_\_\_





"Protect and Serve"

**MEMORANDUM**

January 17, 2019

**To:** Applicants for Volunteer Forces Positions

**From:** Frank Hunewill, 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



“Protect and Serve”

## 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.



"Protect and Serve"

**MEMORANDUM**

**To:** Frank Hunewill, Sheriff

**From:** \_\_\_\_\_

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

I have read and understand the memorandum dated January 17, 2019, subject as above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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

**\*\*Name** \_\_\_\_\_

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

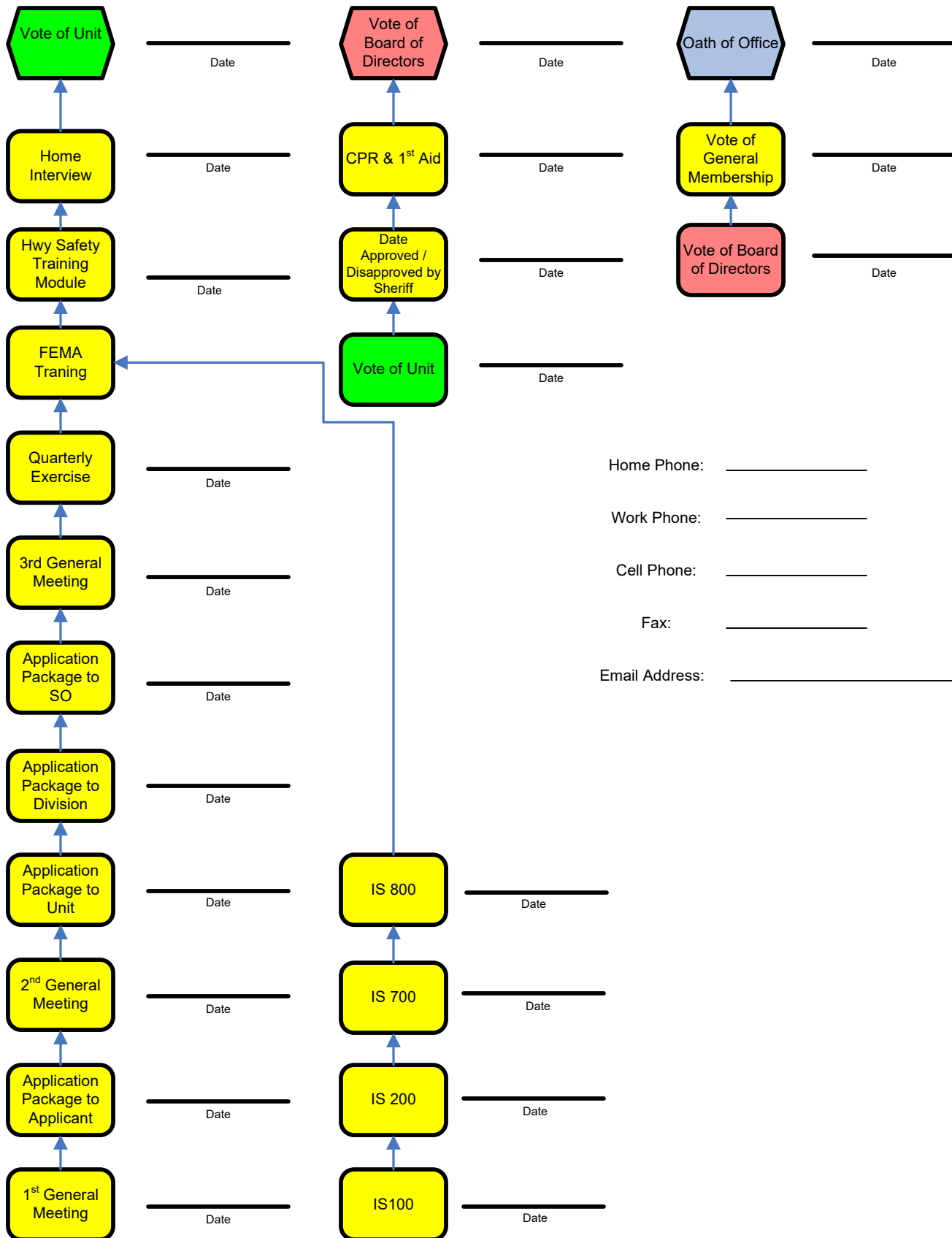
**\*\* Denotes fields that are mandatory to fill in. All other fields are voluntary and will only be used in case of an emergency.**



## LYON COUNTY SHERIFF'S SEARCH AND RESCUE NEW HIRE CHECK LIST AS OF 01/17/2019

Members Name: \_\_\_\_\_ Unit Assigned: \_\_\_\_\_

Sworn Member  or Civilian Volunteer



Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_