BERNALILLO COUNTY SHERIFF'S DEPARTMENT
RESERVE APPLICATION

Qualifications to Join the Bernalillo County Sheriff's Department Reserve Deputy Program include:

- Be a U.S. Citizen;
- Be at least 21 years of age at the time of appointment;
- Be a high school graduate or equivalent;
- Possess a valid New Mexico operator Driver's License or higher;
- Be gainfully employed, retired or a full time student;
- Be available to attend the Sheriff's Office Reserve Academy which runs approximately four (4) months (usually 2 evenings and some weekend days);
- Be willing to subscribe to the oath of affirmation of allegiance to the Bernalillo County Sheriff's Office and the citizens of Bernalillo County;
- Be in good physical condition, free from disease or defects that would interfere with the satisfactory performance of the duties of this position.
- Must complete and turn in the departments Personal Integrity Questionnaire (PIQ) and Personal History Statement(PHS)

Undergo and pass a thorough background investigation which may include:
Fingerprint search
Polygraph examination
Psychological examination

Disqualifying factors include (but are not limited to):

- Any Felony conviction
- Job related misdemeanor convictions
- Certain serious traffic convictions or patterns of traffic violations
- Any patterns or events of behavior not in keeping with the standards of BCSO

WHAT IS A RESERVE DEPUTY SHERIFF?
Reserve Deputy Sheriffs are utilized to supplement the Sheriff's Office law enforcement manpower. Like Full-time Deputies, Reserve Deputies are professionally trained and duly sworn law enforcement personnel. In some cases, Reserves are assigned to the same duties as Full-time Deputies. Since Reserve Deputies have similar powers of arrest as Full-time Deputies, they may be required to meet the same hiring, background, medical and psychological standards as Full-time Deputies.
Reserve Deputies:

- Enjoy the law enforcement challenge and excitement, as well as the satisfaction of providing a worthwhile community service.
- Complete extensive state mandated training and then work assignments on days, evenings and/or weekends as their regular jobs permit.
- Are issued a badge, an identification card, one uniform, and must furnish all gear, firearm, and any other required clothing item.
- Have full peace officer powers when on duty.
- Must volunteer a minimum of 16 hours each month.
- Serve at the will of the Sheriff, must obey all agency regulations, policies and procedures.
- Supplement the regular operations of the Sheriff's Office by working in their assignment of Uniform Reserve, Patrol, Search and Rescue or as a Specialist.
- Must be an active Reserve Deputy in his/her perspective assignment for 1 year prior to applying for specialized training or unit.

Pick up an application at the BCSO recruiting office at 415 Tijeras NE, the BCSO Recruiting website at www.go-bcso.com, or from the Reserve coordinator
Complete the application and return it to BCSO recruiting or the Reserve coordinator.
Reserve Division contact numbers: 505-238-8664 or 505-503-5098

BERNALILLO COUNTY SHERIFF'S DEPARTMENT
RESERVE APPLICATION

RESERVE DIVISION APPLICATION FOR PROSPECTIVE DEPUTIES

We thank you for your interest in the Bernalillo County Sheriff's Office Reserve Division. This application will help us get to know you better, and for you to better understand what our requirements are.

Please read this letter, signing it at the bottom to acknowledge you have read it. Fill in all of the blanks on the balance of this application. **Please attach a copy of your Driver's License and a recent photograph.** This is the first step in your becoming a Reserve Deputy.

Following a review of this application and completed background investigation, you will be contacted. If further information is needed, it will be obtained during this contact. When contacted, information about the Reserve Program will be explained or any questions answered at that time. You may be required to participate in an interview process including a medical release, a drug test, and a psychological test given at a later date. These items are at BCSO's expense. You will be required to take a physical fitness test, administered by our Training Division that includes the following: 1 and ½ mile run, 300 meter sprint, maximum pushups in one minute, maximum sit ups in one minute, and a shuttle run. You must make your physician aware of this PT test and have his/her release to participate in the above exercises, See Attached Form.

If approval is made by the Administration, the next step will be attending our Basic Reserve Academy. You must attend this Reserve Law Enforcement Training, unless you are already certified by New Mexico DPS to be a law enforcement officer. If you are already POST certified through NMDPS you may be required to attend the Legal / Firearms block of instruction before being commissioned.

Classes are generally conducted two nights per week and there will be several weekends involved in this DPS approved training program. Admission to the Academy is no guarantee that this training will be completed, graduation must be earned and class attendance is 100% mandatory for all sessions, there are no exceptions. Upon successfully completing the Academy, you will be certified by BCSO as a Reserve Peace Officer and be commissioned as a Reserve Deputy Sheriff by the Bernalillo County Sheriff.

Before completing this application, you should be aware of the cost that is involved. A Reserve Deputy must supply his/her own uniform, approved weapon, body armor, and all necessary equipment. The minimum cost will be around $2,500, but more can be added with a total cost of around $3,000 to $4,000. Each Deputy is required to work a minimum of 16 hours each month or nearly 200 hours per year.

I understand the above (signed) Dated

_____

BERNALILLO COUNTY SHERIFF'S DEPARTMENT
RESERVE APPLICATION

REQUEST FOR RESERVE COMMISSION OR APPOINTMENT CARD

[ ] RETIRED DEPUTY SHERIFF.....Retired employee of BCSO and DPS certified
[ ] RESERVE DEPUTY SHERIFF.....Reserve employee of BCSO
[ ] SPECIAL DEPUTY/CROSS COMMISSION..... At Discretion of the Sheriff

Name: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____

Employer:_____

Address: _____

Phones - Home: _____ ____Mobile:_____ Work _____

Height: Weight: Hair: Eyes: Race: Sex: [ ]M [ ]F

Date of Birth: Age: Place of Birth: SSN#:

1. Have you ever been known by another name? [ ]No [ ]Yes
2. Have you ever been charged or convicted of a felony (even if pardoned)? [ ]No [ ]Yes
3. Have you ever been charged or convicted of an alcohol related driving offense? [ ]No [ ]Yes
4. Have you ever been convicted of a charge involving domestic violence or VPO? [ ]No [ ]Yes

Comments:

Do you hold a law enforcement commission from another agency? [ ]No [ ]Yes

Agency: Position:

Are you DPS certified [ ]NO [ ]YES [ ]Regular [ ]Reserve Certification Date_____

Reason Requested:

Signature: Date:

Record Checks: [ ]NCIC [ ]WITS [ ]DMV [ ]NMCOURTS [ ]APD/BCSO RECORDS

Comments:_____

[ ]Approved [ ]Denied . . Division Commander:_____Date_____

[ ]Approved [ ]Denied . . Undersheriff:_____Date_____

[ ]Approved [ ]Denied . . Sheriff:_____Date_____

BERNALILLO COUNTY SHERIFF'S DEPARTMENT
RESERVE APPLICATION

Authorization for Release of Information
Agreement

Bernalillo County Sheriff's Department

Date: _____

Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

To whom it may concern: I am an applicant for a position with the Bernalillo County Sheriff's Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Bernalillo County Sheriff's Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Bernalillo County Sheriff's Department, whether said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Bernalillo County Sheriff's Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from damages that may result from furnishing the information requested, including any liability or damage pursuant to any State or Federal laws. I hereby release you as the custodian of such records of this organization, including its deputies, officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Bernalillo County Sheriff's Department

BERNALILLO COUNTY SHERIFF'S DEPARTMENT
RESERVE APPLICATION

Bernalillo County Sheriff's Department
Authorization For Release of Information

regardless of any agreement I may have with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Bernalillo County Sheriff's Department's acceptance and processing of my application for employment, I agree that if any adverse information be obtained during this background investigation, it will be released to my current employer (only if current employer is a law enforcement agency). I also agree to hold the Bernalillo County Sheriff's Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Bernalillo County Sheriff's Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, The Privacy Act of 1974, and section 29-10-6A of the New Mexico Arrest Record Information Act with regard to access to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Bernalillo County Sheriff's Department in conjunction with employment procedures.

A photocopy or fax copy of this Release of Information Agreement will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is being presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I have read and fully understand the conditions set forth in this Authorization for Release of Information Request.

I therefore being of sound mind freely and without reservation consent to the conditions stated in this document by affixing my signature below:

Signature:_____

Date:_____

Subscribed and sworn before me this _____day of _____200_____

(Seal)

_____
Notary Public

My Commission expires:_____

BERNALILLO COUNTY SHERIFF'S DEPARTMENT
RESERVE APPLICATION

Physical Fitness Test Authorization

Must be completed by a Medical Doctor

Applicant Name _____
Last First Middle

SSN_____DOB_____

The above listed person IS CLEARED for the activities listed below. Physician initials_____

The above listed person IS NOT CLEARED for the activities listed below. Physician initials_____

1.5 mile timed run

300 meter sprint

Maximum pushups

Maximum sit ups

Shuttle run

Physicians Name (Printed)_____
Last First Middle

Physicians Signature_____

Date of Examination_____

Applicant Signature_____