



Lucas County Sheriff's Office Reserve Deputy Application

It is the policy of the Lucas County Sheriff's Office to require that all persons who seek to have conferred on them the status of Reserve Deputy complete this Personal Information Form.

Please complete the Reserve Deputy Information Form fully. Do not list your employer's or another's address as that of your residence. Read and sign the Reserve Deputy Status Acknowledgment. By doing so, you signify your agreement with the basic terms/conditions of your accepting the privilege and status of Reserve Deputy.

The decision to appoint and cause to be sworn Reserve Deputy rests solely in the discretion of the Sheriff of Lucas County, and similarly, revocation of such privilege and status is fully within the discretion of the Sheriff of Lucas County.

It is also important that every Reserve Deputy inform the Lucas County Sheriff's Office of any changes in his/her employment status, residence, or any other personal information

Please sign below if you acknowledge reading and accept the terms listed in the above paragraphs.

X _____ Date: _____

RESERVE DEPUTY	OFFICE USE ONLY	ID CARD NUMBER
Last Name	First Name	MI
Home Address	County	City
		State
		Zip
EMAIL		
Home Phone	Cell Phone	
Date of Birth	Social Security Number	
Is this status required as part of your current employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you possess an OPOTA Peace Officer Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Peace Officer Appointments: List all Law Enforcement agencies you were a member of as this is required for the OPOTA SF400 Form.

NAME OF AGENCY	CITY, STATE	Date FROM-TO (MM/YYYY)	POSITION HELD	

EMPLOYMENT: Please list your current or most recent place of employment. If you are retired from a Law Enforcement Agency, Please list the Agency as well. If

From Date	Name of Employer	Job Title/Position () Full Time () Part Time
To Date	Address	City, State, Zip Code
Name Of Supervisor		Phone ()
From Date	Name of Employer	Job Title/Position () Full Time () Part Time
To Date	Address	City, State, Zip Code
Name of Supervisor		Phone ()