



Juab County Sheriff

Juab County Sheriff's Search and Rescue

All fields in this application require a response to be considered for the Juab County Sheriffs Search and Rescue Team.

All applicants must be a resident of Juab County and must possess a valid Utah Drivers License.

All applicants must agree to a criminal background check with the Bureau of Criminal Identification (BCI)

NAME *

.....

DATE OF BIRTH *

MM DD YYYY

/ /

DRIVER LICENSE NUMBER *

.....

HOME ADDRESS *

.....

CELL PHONE NUMBER *

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E-MAIL ADDRESS *

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CRIMINAL HISTORY QUESTIONAIR

A background check is not optional when applying for Juab County Search and Rescue.

I hereby acknowledge and understand that a criminal background check will be conducted using the information I provide in this application; I also attest that the information contained herein is true and accurate to the best of my knowledge. *

I have read and agree to the above statement

Signature-

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (If yes, please indicate yes and provide an explanation.) *

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HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE INVOLVING A WEAPON? (If yes, please indicate yes and provide an explanation.) *

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HAVE YOU EVER BEEN CONVICTED OF ANY CRIME INVOLVING ILLEGAL DRUGS? (If yes, please indicate yes and provide an explanation.) *

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HAVE YOU EVER BEEN CONVICTED OF OR BEEN INVESTIGATED FOR COMMITTING DOMESTIC VIOLENCE? (If yes, please indicate yes and provide an explanation.) *

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ARE YOU INVOLVED IN ANY ACTIVITY THAT YOU OR SOMEONE ELSE MAY CONSIDER "BORDERLINE" CRIMINAL ACTIVITY? (If yes, please indicate yes and provide an explanation.) *

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HAVE YOU EVER BEEN ACCUSED OF OR CONVICTED OF TAMPERING WITH EVIDENCE? (If yes, please indicate yes and provide an explanation.) *

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HAVE YOU EVER BEEN ARRESTED? (If yes, please indicate yes and provide an explanation.) *

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HAVE YOU EVER HAD A WARRNT ISSUED FOR YOUR ARREST? (If yes, please indicate yes and provide an explanation.) *

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DRUG USE

HAVE YOU EVER USED OR DO YOU CURRENTLY USE ANY OF THE FOLLOWING DRUGS? *

- Cannabis
- Heroin
- Cocaine
- Bath salts
- Fentanyl
- LSD
- MDMA
- CNS Depressants
- Methamphetamine
- PCP
- Hallucinogens
- Mushrooms
- Ketamine
- Khat
- Inhalants
- None of the above

IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE PROVIDE AN EXPLANATION. (If your answer above was NONE OF THE ABOVE, please indicate NONE OF THE ABOVE here.) *

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MEDICAL

HAVE YOU EVER HAD ANY HEART PROBLEMS OR PROBLEMS WITH ANY OTHER VITAL ORGANS? (If yes, please indicate yes and provide an explanation.) *

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ARE YOU REQUIRED TO WEAR OXYGEN? (If yes, please indicate yes and provide an explanation.) *

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DO YOU HAVE ANY PROBLEMS WITH BALANCE? (If yes, please indicate yes and provide an explanation.) *

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ARE YOU ABLE TO LIFT AND CARRY A MINIMUM 25 POUNDS? (If NO, please indicate NO and provide an explanation.) *

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DO YOU HAVE ANY OTHER MEDICAL ISSUES THAT COULD AFFECT YOUR ABILITIES TO PERFORM SEARCH AND RESCUE OPERATIONS? (If yes, please indicate yes and provide an explanation.) *

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Signature-

Date-