



Death Investigator Training Course

TITLE OF POSITION: Death Investigator Training Course	Comments: Rej Date Appr Date For Reserve Academy Use
NAME: LAST FIRST MI	
OTHER NAMES USED:	
MAILING ADDRESS: APT. #	

CITY: STATE: ZIP CODE:

HOME PHONE#: WORK OR OTHER PHONE#: E-MAIL ADDRESS:

<p>Participation in the Reserve Academy may not lead to temporary or permanent employment.</p> <p>If employment opportunities become available, please MARK ALL OF THE WORKING CONDITIONS YOU WILL ACCEPT:</p> <p> <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Nights <input type="checkbox"/> Stand-by <input type="checkbox"/> Weekends </p>	<p style="text-align: center;">ARE YOU NOW EMPLOYED BY THE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF "YES", COMPLETE THE FOLLOWING: STATUS: <input type="checkbox"/> PERMANENT <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY</p> <p>CLASSIFICATION TITLE: _____ DEPARTMENT: _____ DIVISION: _____</p>
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<p>DO YOU HAVE RELATIVES WORKING FOR THE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF "YES", COMPLETE THE FOLLOWING: Name: _____ Department: _____</p>	<p>I AM AN HONORABLY DISCHARGED VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", you must submit a copy of your DD-214 that states your discharge was "honorable" with this application.</p>
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EDUCATION:			
High School (name/city/state):	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Attendance: <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Junior College (name/city/state)	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Credits Completed:	Major:
College/University (name/city/state)	Yes <input type="checkbox"/> No	# Credits Completed:	Major/Minor:
College/University (name/city/state)	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Credits Completed:	Major/Minor:
Trade/Vocational (name/city/state)	Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received:	Area of Study:

Death Investigator Training Course Application

Experience: Starting with your most recent job, list all your work/volunteer experience that qualifies you for the job you are applying for. The Coroner's Office Death Investigator Training Course admission staff will determine whether or not you meet the minimum qualifications for the job based on your experience as you describe it on your application.

Do not substitute a resume, or write, "see attached resume" for this application, as information on your resume will not be considered.

You may make as many copies of this page as you need to list your additional experience.

May we contact your present employer(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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From (Mo/Yr)	To (Mo/Yr)	Employer: 1
YOUR JOB TITLE:		ADDRESS (City, State)
HOUR WORKED PER WEEK (Do not put "varied")		DESCRIBE YOUR DUTIES:
SUPERVISOR:		
PHONE:		
REASON FOR LEAVING :		

From (Mo/Yr)	To (Mo/Yr)	Employer: 2
YOUR JOB TITLE:		ADDRESS (City, State)
HOUR WORKED PER WEEK (Do not put "varied")		DESCRIBE YOUR DUTIES:
SUPERVISOR:		
PHONE:		
REASON FOR LEAVING :		

From (Mo/Yr)	To (Mo/Yr)	Employer: 3
YOUR JOB TITLE:		ADDRESS (City, State)
HR WORKED PER WEEK (Do not put "varied")		DESCRIBE YOUR DUTIES:
SUPERVISOR:		
PHONE:		
REASON FOR LEAVING :		

From (Mo/Yr)	To (Mo/Yr)	Employer: 4
YOUR JOB TITLE:		ADDRESS (City, State)
HR WORKED PER WEEK (Do not put "varied")		DESCRIBE YOUR DUTIES:
SUPERVISOR:		
PHONE:		
REASON FOR LEAVING :		

From (Mo/Yr)	To (Mo/Yr)	Employer: 5
YOUR JOB TITLE:		ADDRESS (City, State)
HR WORKED PER WEEK (Do not put "varied")		DESCRIBE YOUR DUTIES:
SUPERVISOR:		
PHONE:		
REASON FOR LEAVING :		

Death Investigator Training Course

SUPPLEMENTAL QUESTIONS

1. Why do you think you are a good candidate for this training course?

2. What is your long-term goal if you are chosen for this program?

3. What do you think core responsibilities are of a Death Investigator?

I verify by my signature below that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements or incomplete information may be cause for rejection of my application or discharge from the Death Investigator Training Course.

I understand that upon acceptance to the training course, I must submit to and successfully pass a criminal background check. My signature below authorizes Clark County to conduct a background check on all education and experience listed on this application. Please submit this application to via email to Trbrown@ClarkCountyNV.gov

SIGNED: _____ **DATE:** _____

PRINT NAME: _____