



Sheriff's Mounted Posse Application

Name: _____
 First Middle Last

Address: _____ City: _____ State: _____

Date of Birth: _____ Phone Number: _____ Cell: _____

Place of Employment: _____ Number of Years There: _____

Driver's License Number: _____

Ever been charged or convicted of a crime? Yes No Where: _____

What was the date, locations and description of the crime: _____

Have you ever had any type of protection order or restraining order filed against you: _____

Do you own a horse? _____ Horse Trailer? _____ ATV? _____

Do you have a certification in CPR? _____ First Aid? _____

What special skills do you have that would benefit the posse:

Why do you want to be a Mounted Posse Member:

By signing this application I am saying that all the information listed is true and I am aware that all information listed is for use by the Sheriff of Roseau County or his designee for the purpose of doing a background check on me. I know that any information that is incorrect or omitted will exclude me from consideration to the Mounted Posse and I agree that if I have omitted anything I agree to drop myself from consideration to the Mounted Posse. I also give the Sheriff of Roseau County permission to check my driving record, criminal history, medical records, and work history.

Signed _____

_____ Date