



Jefferson County Sheriff's Office

200 Courthouse Way, Rigby, ID 83442

PH# 208-745-9210 ~ FX# 208-745-9212

Employment Application

Name: _____

Application Date _____

POSITION APPLIED FOR: Patrol Jail Dispatch Reserve

*Application must be typewritten or printed legibly in ink. All questions must be answered. All statements in your application are subject to verification. **Incorrect statements or omitted information may bar or remove you from employment.***

Thank you for your interest in applying for a position with the Jefferson County Sheriff's Office. Applicants that will be considered for employment will be required to submit to a written test, oral interview, and a thorough background investigation. NOTICE: During the background check, we will be contacting your present and past employer's. Any offers of employment for POST certified positions will be conditional, based on the applicants ability to pass; a polygraph examination and/or voice stress examination, physical fitness test, meet IDAPA 11.11.01 requirements for Hearing/Vision/ Medical, and attend the Idaho POST Academy and receive certification within six (6) months of hire.

In order for you to be considered for a position with Jefferson County Sheriff's Office, you must meet the minimum following criteria:

High School Diploma or Equivalent. Preference will be given to those applicants with college credits and/or significant related experience.

Veteran's Preference. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred.

Also:

- a. Valid Idaho Driver's License
- b. U.S Citizen
- c. No DUI or DWP for the past five (5) years
- d. No marijuana use within the last year from the date of this application
- e. No illegal use of all other schedule I-VI controlled substances within last five (5) years
- f. No felony convictions and/or Domestic Violence convictions
- g. Twenty-one (21) years of age

We consider applicants for all positions without regard to race, creed, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Completed applications must have a **NOTARIZED** signature. Scan and e-mail your application to: djohnson@co.jefferson.id.us

Authority to Release Information

Full Legal Name: _____

_____ (print)
Date of Birth: _____ Social Security# _____

Current Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Cell Phone: _____

Driver's License#: _____ State: _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

Having made an application of employment with the **Jefferson County Sheriff's Office**, and desiring them to be fully informed as to my previous record and character, I hereby authorize the **Jefferson County Sheriff's Office** to conduct a thorough background investigation to gather information which may include historical data regarding my previous residences, schools attended with GPAs and degrees earned, military service and separation, present and past employers including performance history, social media activity, previous applications to other law enforcement agencies, personal and professional references, credit and financial reports, criminal and traffic history, and any other sources that the **Jefferson County Sheriff's Office** deems appropriate.

I authorize the release of any information, whether the same is of record or not, and I authorize Photostat or digital copies to be released to the **Jefferson County Sheriff's Office** pursuant to their investigation. A copy of this release shall be as valid as the original document. This information is to be used to assist the **Jefferson County Sheriff's Office** in determining my qualifications, eligibility, and fitness for the position of a Deputy Sheriff in the State of Idaho or a supporting law enforcement or civilian position.

I also understand and agree that all information received by the **Jefferson County Sheriff's Office** in connection with this application and background investigation is confidential and may not be disclosed to me. Further, I hereby release you, your organization or others, from any liability or damage, which may result from furnishing the information requested.

APPLICANT'S SIGNATURE: _____ Date _____

Personal Information: (Please Print)

List any other names you have used or been known by (maiden or previous marriages, etc.):

1) _____

2) _____

3) _____

Are you a United States Citizen? Yes ___ No ___

If naturalized, please provide: Place, Court, and Naturalization No.

City, State, and Country you were born in: _____

Do you have relatives employed by Jefferson County? Yes ___ No ___

If yes, please name: _____

Do you object to working odd or call-in hours? Yes ___ No ___

Do you have experience with shift work? Yes ___ No ___

Do you object to working on federally recognized Holidays? Yes ___ No ___

Do you object to working in inclement weather Yes ___ No ___

Have your employers always treated you fairly? Yes ___ No ___

If No, please explain:

Were you ever discharged or forced to resign due to misconduct or poor performance? Yes ___ No ___

If so, explain:

Have you ever been denied employment by a law enforcement agency or rejected for a civil service position? Yes ___ No ___

If yes, where and when? _____

Have you ever previously submitted an application with Jefferson County? If yes, give date Yes ___ No ___

Are you currently certified as a Peace Officer in the State of Idaho? Yes ___ No ___

Have you ever been certified as a Peace Officer in another State? Yes ___ No ___

If yes, what State: _____

Have you ever been decertified or investigated for decertification in another State?

Yes ___ No ___

If yes, what State: _____

ARREST RECORD/CRIMINAL RECORD

Have you ever been charged or convicted of a crime?

Yes ___ No ___

Date	Charge	Agency	Disposition

Have you ever used a marijuana product?

Yes ___ No ___

If yes, how many time's? _____

When was the last time? _____

Have you used any illegal schedule I-VI controlled substance (heroin, cocaine, methamphetamine, LSD) within the last 5 years?

Yes ___ No ___

If yes, list and explain use:

Have you ever taken a prescription that was not prescribed for you by a medical doctor?

Yes ___ No ___

If yes, explain:

Have you ever sold or manufactured any amount of illegal drugs?

Yes ___ No ___

Do you have any relatives or associates who have criminal convictions?

Yes ___ No ___

If yes, explain relationship and nature of the crime:

Have you ever had a financial judgment against you?

Yes ___ No ___

If yes, explain:

Have you ever stolen any property or money from an employer? Yes ___ No ___

If yes, explain:

DRIVER’S LICENSE INFORMATION

Current driver’s license number: _____ State _____

List States you have had a driver’s license: _____

Has your driver’s license ever been suspended or revoked in any state? Yes ___ No ___

If yes, explain:

Have you ever been denied a driver’s license in any state or placed on probation? If yes, explain: Yes ___ No ___

List all traffic violations you have received:

Date	State	Violation	Law Enforcement Agency

List **all** motor vehicle accidents that you have been involved in as a driver:

Date	State	Explanation

EDUCATION/TRAINING *(attach additional sheets of paper if needed)*

School Name/Location Course of study Years Diploma/Degree

High School: _____

College(s): _____

List any special or vocational training you have received that would benefit you in this position:

- 1) _____
- 2) _____
- 3) _____

List any hobbies, special skills, or abilities that would aid you in the position you have applied for:

Do you speak a foreign language?		Yes _____ No _____	
Language: _____			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Rate your computer and office equipment use knowledge as 1= Unskilled & 10 = Expert:

(Circle one) 1 2 3 4 5 6 7 8 9 10

Are you proficient at typing? Yes ___ No ___

Do you have experience using a word processing program? Yes ___ No ___

Do you have experience using Excel or spread sheet programs? Yes ___ No ___

Do you have experience as a public speaker? Yes ___ No ___

With proper training and supervision, are you capable of performing in a reasonable and acceptable manner, with regards to **the entire** essential job functions required of you, unassisted and without delay?

Yes ___ No ___

Military Service: Yes ___ No ___

Branch of Service: Army Navy Air Force Marines

Coast Guard National Guard Reserves

Active: Yes No

If yes, current Commanding Officers name: _____ Phone: _____

Dates of Service, from: _____ to: _____

Highest Rank Held: _____

Military Occupational Specialty (MOS): _____

Did you receive any military training that would benefit you in the position you have applied for? Yes ___ No ___

If yes, explain:

Honorable Discharge? Yes ___ No ___

If no, explain:

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to Employment History.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "**Active Duty**" means full-time duty in the Armed Forces, but NOT active duty for training.

Part 1. Preference Eligible Veterans:

- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces for the United States of America for a period of more than one-hundred eighty (180) days and was honorably discharged.
- I have obtained previous employment through the use of veterans' preference.

Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please print)

Signature

EMPLOYMENT HISTORY

Are you currently employed?

Yes ___ No ___

May we contact your present employer?

Yes ___ No ___

If No, please explain:

List all jobs you have had within the last ten (10) years. List your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time and sequence and temporary part-time jobs.

Please complete all information. Applications which are not complete will not be considered.

EMPLOYER _____ Telephone _____

Address _____

Supervisor's Name _____ Telephone _____

Exact Title or Position _____ Dates from _____ to _____

Salary \$ _____ per hr. Reason for leaving _____

EMPLOYER _____ Telephone _____

Address _____

Supervisor's Name _____ Telephone _____

Exact Title or Position _____ Dates from _____ to _____

Salary \$ _____ per hr. Reason for leaving _____

EMPLOYER _____ Telephone _____

Address _____

Supervisor's Name _____ Telephone _____

Exact Title or Position _____ Dates from _____ to _____

Salary \$ _____ per hr. Reason for leaving _____

EMPLOYER _____ Telephone _____
Address _____
Supervisor's Name _____ Telephone _____
Exact Title or Position _____ Dates from _____ to _____
Salary \$ _____ per hr. Reason for leaving _____

EMPLOYER _____ Telephone _____
Address _____
Supervisor's Name _____ Telephone _____
Exact Title or Position _____ Dates from _____ to _____
Salary \$ _____ per hr. Reason for leaving _____

EMPLOYER _____ Telephone _____
Address _____
Supervisor's Name _____ Telephone _____
Exact Title or Position _____ Dates from _____ to _____
Salary \$ _____ per hr. Reason for leaving _____

EMPLOYER _____ Telephone _____
Address _____
Supervisor's Name _____ Telephone _____
Exact Title or Position _____ Dates from _____ to _____
Salary \$ _____ per hr. Reason for leaving _____

EMPLOYER _____ Telephone _____
Address _____
Supervisor's Name _____ Telephone _____
Exact Title or Position _____ Dates from _____ to _____
Salary \$ _____ per hr. Reason for leaving _____

PERSONAL & PROFESSIONAL REFERENCES

List three **personal** references who are not related to you by blood or marriage, and are not former employers, who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

<u>Name and Address</u>	<u>Telephone</u>	<u>Occupation</u>	<u>Years Known</u>
_____	Home: _____	_____	_____
_____	Cell: _____	Relationship: _____	_____

<u>Name and Address</u>	<u>Telephone</u>	<u>Occupation</u>	<u>Years Known</u>
_____	Home: _____	_____	_____
_____	Cell: _____	Relationship: _____	_____

<u>Name and Address</u>	<u>Telephone</u>	<u>Occupation</u>	<u>Years Known</u>
_____	Home: _____	_____	_____
_____	Cell: _____	Relationship: _____	_____

List three **professional** references who have known you for at least five years and who are not related to you by blood or marriage. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

<u>Name and Address</u>	<u>Telephone</u>	<u>Occupation</u>	<u>Years Known</u>
_____	Home: _____	_____	_____
_____	Cell: _____	Relationship: _____	_____

<u>Name and Address</u>	<u>Telephone</u>	<u>Occupation</u>	<u>Years Known</u>
_____	Home: _____	_____	_____
_____	Cell: _____	Relationship: _____	_____

<u>Name and Address</u>	<u>Telephone</u>	<u>Occupation</u>	<u>Years Known</u>
_____	Home: _____	_____	_____
_____	Cell: _____	Relationship: _____	_____

SIGNATURE & CERTIFICATION OF ACCURACY & NOTARY SEAL

I, _____, hereby certify that each and every statement made on this form by me is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with employer, and if employed, my termination from employment.

Signed this the _____ day of _____, 20____

Signature

NOTARY

State of Idaho

County of Jefferson

On this _____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this statement first above written.

Notary Public in and for the State of Idaho
My Commission expires: _____