Jefferson County Sheriff's Office

200 Courthouse Way, Rigby, ID 83442
PH# 208-745-9210 ~ FX# 208-745-9212

Employment Application

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

Notice

The Authorization to Release Information form must be signed in front of a notary

Full Legal Name: _____ Application Date: _____

Date of Birth: _____ Social Security#_____

Current Address: _____City: _____State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Driver's License Number*:* _____ State of Issuance: _____

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

POSITION APPLYING FOR (*Select all that apply*)

- ☐ Patrol Deputy
- ☐ Detention Deputy
- ☐ Emergency Dispatcher
- ☐ Driver's License
- ☐ Maintenance Custodian
- ☐ Reserve Deputy
- ☐ Office Clerical

Thank you for your interest in applying for a position with the Jefferson County Sheriff's Office! Applicants that are considered for employment will be required to submit to a written and physical fitness test. Successful candidates may be invited to attend one or more oral boards. If selected for employment, you will receive a conditional offer, and if accepted a thorough background investigation will begin. NOTICE: During the background check, we will be contacting your present and past employer's. Any offers of employment for POST certified positions are conditionally based on the applicant's ability to; take a personnel evaluation profile (PEP), pass a polygraph examination and/or voice stress examination, continued physical fitness tests, 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. All qualifying applications will be considered active for a six-month period. Applicants seeking to apply after that period will need to resubmit their application.

INSTRUCTIONS

This application must be typewritten or printed legibly in ink. All questions must be answered. Any question that is not applicable to the applicant should be identified with "N/A". **Applications which are not legible or complete will not be considered for the current round of testing**. If the space provided is not sufficient for complete answers, or if you wish to furnish additional information, attach sheets of the same size as this application and number your answers to correspond with the correct questions.

Completed applications may be turned in at the Sheriff's Office, emailed to jfullmer@co.jefferson.id.us, or mailed to our mailing address. Applications must be received or postmarked no later than 5:00 pm on the closing date.

Qualifications

Applicants for certified positions with the Jefferson County Sheriff's Office must:

1. Be 21 years of age for patrol (18 for detention & dispatch) or older upon date of employment
2. Be a citizen of the United States
3. Be a High School graduate or possess an equivalency certificate
4. Have a valid Idaho driver's license

Employment Disqualifiers

The Jefferson County Sheriff's Office strives to hire only the best candidates to protect and serve our communities. Because of this, people meeting the following criteria will not be considered for employment.

Failure to truthfully and completely answer all questions on this application.

Drug Use

1. Marijuana use within 1 year from the date of this application.
2. Used any illegal or controlled substances within 5 years from the date of this application; methamphetamine, heroin, cocaine, LSD, **prescription medication without a legal prescription** etc.
3. Manufactured, transported, or sold any illegal or controlled substances, and/or affiliation with someone who has.

Criminal History

1. Any adult felony convictions.
2. Any misdemeanor **convictions** for domestic battery, domestic assault, child abuse, stalking, shoplifting, or other crimes of deception.
3. Any outstanding warrants or criminal probation.

Driving History

1. DUI **conviction** within the last 3 years from the date of this application.
2. Driver's license suspension within the last 3 years from the date of this application.

Military Service

1. Dishonorably discharged from any branch of the U.S. Armed Services.

Deception

1. Deliberately falsifying or lying about anything during the hiring process whether it be by omitting, fabricating, misleading, or misstating any information on this application or to interviewer's and investigators.

Personal History

List all other names you have used including circumstances and time periods you used them. (For example: maiden names, former names, nicknames, or aliases etc.). Not Applicable ☐

Name	Circumstances	Dates From Mo./Yr.	Dates To Mo./Yr.

1. Do you have relatives employed by Jefferson County? ☐ Yes ☐ No If yes, provide details

_____ _____ _____

Background Information

This information is required to conduct a background investigation

1. Are you a United States Citizen? ☐ Yes ☐ No

2. If naturalized, please provide: _____

_____ _____

3. Place of birth: _____ _____ _____ _____

4. Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married

5. Do you have or have you ever applied for a passport? ☐ Yes ☐ No _____

Education & Training

1.

High School Name/Address	Dates Attended Mo./Yr.		Years Completed	Did you Graduate?	Type of Diploma
	From	To			

2.

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did you Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

* Attach diploma or official transcript from last institution of higher education attended.

Major _____ Minor _____

1. Other Schools (Trade, Business, Vocational or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area Of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

2. Describe any awards, honors, citations, positions held, and any other special recognition you received while attending school:

_____

_____

_____

_____

3. List any foreign languages you can:

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

4. Describe any special abilities, interests, and hobbies including the degree of proficiency:

_____

_____

_____

_____

5. Indicate any special skills you possess and/or equipment you can use which may be related to law enforcement work (For example: breathalyzer, martial arts, speed detection, firearms, etc.):

_____

_____

_____

_____

6. Indicate any special type of license or rating you hold such as pilot, radio operator, diver, etc. List licensing authority, where the license or rating was first issued, and date current license expires (except vehicle operator's/CDL):

_____

_____

_____

_____

7. Have you had any specialized training or experience with domestic animals and/or K9's?

☐ Yes ☐ No If yes, provide details:

_____

_____

_____

_____

8. Indicate any medical or first aid training or certifications such as C.P.R., E.M.T., etc. List licensing authority, where the license or rating was first issued, and date current license expires:

_____

_____

_____

_____

Employment History

1. List chronologically all employment beginning with present employment, including part-time employment while attending school for the last 10 years. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	Dates Worked		Yearly Salary	Title Or Position	Reason For Leaving
	Month	Year			
Name					
Address	Responsibilities				
City, State, Zip				☐ Full	
Supervisors Name				☐ Part-time	
Area Code & Phone No.					
Name					
Address	Responsibilities				
City, State, Zip				☐ Full	
Supervisors Name				☐ Part-time	
Area Code & Phone No.					
Name					
Address	Responsibilities				
City, State, Zip				☐ Full	
Supervisors Name				☐ Part-time	
Area Code & Phone No.					
Name					
Address	Responsibilities				
City, State, Zip				☐ Full	
Supervisors Name				☐ Part-time	
Area Code & Phone No.					

Name & Address of Employer	Dates Worked		Yearly Salary	Title Or Position	Reason For Leaving
	Month	Year			

Name					
Address	Responsibilities				
City, State, Zip				☐ Full	
Supervisors Name				☐ Part-time	
Area Code & Phone No.					

Name					
Address	Responsibilities				
City, State, Zip				☐ Full	
Supervisors Name				☐ Part-time	
Area Code & Phone No.					

Name					
Address	Responsibilities				
City, State, Zip				☐ Full	
Supervisors Name				☐ Part-time	
Area Code & Phone No.					

Name					
Address	Responsibilities				
City, State, Zip				☐ Full	
Supervisors Name				☐ Part-time	
Area Code & Phone No.					

2. Have you ever been dismissed, fired, or asked to resign from any employment or position you held?
   ☐ Yes ☐ No If yes, provide explanation:

   _____

   _____

   _____

   _____

3. Do you feel your previous employers have treated you fairly? ☐ Yes ☐ No
   If no, provide explanation:

   _____

   _____

   _____

   _____

4. Rate your computer and office equipment knowledge as 1= Unskilled & 10 = Expert:
   (Circle one) 1 2 3 4 5 6 7 8 9 10

5. Do you object to working any of the following: ☐ Weekends ☐ Nights ☐ Holidays
   ☐ Rotating Shifts ☐ In inclement weather ☐ I do not object to any

6. 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 accommodation? ☐ Yes ☐ No

Law Enforcement Questionnaire

1. Have you ever worked, in any capacity, for a law enforcement agency? ☐ Yes ☐ No
2. Are you certified as any of the following;
   ☐ Peace Officer ☐ Detention Officer ☐ Probation Officer ☐ Emergency Dispatcher
   ☐ Reserve Officer ☐ Not Applicable
3. List the State(s) you have been certified and the status of your certification: ☐ Not Applicable
   _____/_____, _____/_____
4. List other law enforcement Agencies you have applied with in the last year: ☐ None

   _____

   _____

   _____

5. Have you been the focus of an internal and/or criminal investigation while employed in law enforcement? ☐ Yes ☐ No ☐ Not Applicable If yes, provide explanation:

_____

_____

_____

_____

6. Have you resigned, or left a law enforcement position by mutual agreement following allegations of misconduct or unsatisfactory work performance? ☐ Yes ☐ No ☐ Not Applicable
If yes, provide explanation:

_____

_____

_____

_____

7. Have you received discipline action from a law enforcement employer for allegations of misconduct or unsatisfactory work performance? ☐ Yes ☐ No ☐ Not Applicable
If yes, provide explanation:

_____

_____

_____

_____

8. Have you ever been accused of or caught being dishonest under oath? ☐ Yes ☐ No
If yes, provide explanation:

_____

_____

_____

_____

Arrest / Criminal Record

1. Have you ever been charged with a traffic or criminal misdemeanor or a felony as an adult or juvenile?

☐ Yes ☐ No

Date	Criminal Charge	Charging Agency	Disposition

For all misdemeanor and/or felony charges you must provide a thorough explanation on a separate sheet of paper, police reports, and court records from the jurisdiction the charges were filed.

Drug Use

Indicate if you have used any of the following

I have never used any substances ☐

Date & location last used

1. Marijuana products (oils, edibles, tobacco) ☐ _____
2. Methamphetamines (any form) ☐ _____
3. Cocaine (any form) ☐ _____
4. Heroin (any form) ☐ _____
5. Ecstasy ☐ _____
6. LSD ☐ _____
7. Hallucinogenic mushrooms ☐ _____
8. Prescription narcotics that were not prescribed to you ☐ _____

a) List medication:_____ b)_____

Explanation for drug usage

_____

_____

_____

_____

Driving History

1. List all State's you have had a driver's license:_____ _____ _____ _____ _____ _____
2. Has your driver's license ever been suspended or revoked in any State? ☐ Yes ☐ No If yes, please explain:

   _____
   _____
   _____
   _____

3. List **all** traffic violations you have received:

Date	State	Violation	Law Enforcement Agency

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

Date	State	Explanation

5. Do you hold a specialized license or endorsement, such as a commercial, chaffer, or motorcycle endorsement? ☐ Yes ☐ No

Military Service

1. Have you served in the United States Armed Forces? ☐ Yes ☐ No- **Skip section**

   Branch of Service: ☐ Army ☐ Navy ☐ Air Force ☐ Marines

   ☐ Coast Guard ☐ National Guard ☐ Reserves

2. Current status: ☐ Active ☐ Discharged ☐ Honorably Discharged
3. If discharged was other than Honorably

   explain:_____

   _____

   _____

   _____

   _____
4. Dates of Service, from:_____ to:_____
5. Highest Rank Held:_____
6. Military Occupational Specialty (MOS) Primary:_____, Secondary:_____
7. List any military training that would benefit you in the position you have applied for:

   _____

   _____

   _____

   _____

8. Have you served in a Foreign Armed Service? ☐ Yes ☐ No If yes give explanation,

   _____

   _____

   _____

   _____

Veteran's Preference

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

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 and 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

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.

Name			
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Years Known	Relationship	Occupation	
Name			
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Years Known	Relationship	Occupation	
Name			
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Years Known	Relationship	Occupation	

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.

Name			
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Years Known	Relationship	Occupation	
Name			
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Years Known	Relationship		
Name			
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Years Known	Relationship	Occupation	

Authorization to Release Information

This release, when presented by a duly authorized representative of the **Jefferson County sheriff's Office (JCSO)**, constitutes my consent and authority to examine and obtain copies and abstracts or records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the **JCSO:** Employment, Rental, Educational, Medical, Psychological, Selective service, Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the undeleted copy of my military separation document and medical records from the appropriate Military Records Center and Department of Veterans Affairs.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the **JCSO**. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the **JCSO**, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by **JCSO**. I understand that all materials pertaining to this background investigation become the property of **JCSO** and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a peace officer and I am currently serving in the capacity of a; peace officer, detention officer, corrections officer, dispatcher, or reserve officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer. *A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.*

_____

_____

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me
this _____ day of _____, 20_____.

By _____

My Commission Expires_____