

LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

Employing Agency: _____

DATE: _____

A. INSTRUCTIONS

Application must be typewritten or **printed legibly** in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

B. POSITION APPLYING FOR

Job Title: _____

Are you applying for:

F/T P/T Temp/Seasonal
 Reserve/Volunteer

What shifts will you work?

Days Nights Any

NOTICE: During the Background Check, we will be contacting your present employer.

Available Start Date: _____

C. PERSONAL HISTORY

1. Full Name:

First

Middle

Last

2. Applicant's Current Address:

Address _____

City

County

State

Zip

() _____

Telephone Number

() _____

Message Number

Email: _____

Web Page: _____

Emergency Contact Name & Number: _____

Revision Date Oct. 11, 2009

Subsequent Updates at www.icrmp.org

Applicant Name: _____ (Print Legibly)

Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s)).

3. Name	4. Circumstance	5. Dates From Mo./Yr.	6. Dates To Mo./Yr.

4. Are you a United States Citizen? Yes No

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

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

6. Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

D. EDUCATION/TRAINING

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

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

Applicant Name: _____ (Print Legibly)

Major _____ Minor _____

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

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				
1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:						

2. Have you ever been suspended or expelled from school? Yes No

If yes, please explain.

3. List any foreign languages you can speak:

List any foreign languages you can read:

List any foreign languages you can write:

4. Indicate any law enforcement education/training (attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

Applicant Name: _____ (Print Legibly)

5.

Applicant Name: _____ (Print Legibly)

Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other state's law enforcement certification agency? Yes No

If yes, explain.

Date(s)

Date(s)

Date(s)

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

7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

9. Have you had any training/education with K-9's? Yes No

If yes, provide details:

E. TECHNOLOGY SKILLS

Check All Skills & Software Applications You Have Experience Using (any version):

PC User Macintosh User Windows Microsoft Word Microsoft Access Microsoft Excel

Microsoft Publisher Web Page Design/Maintenance E-Mail Internet Scanner Copier Fax

Other: Please list _____

Professional Licenses or Certificates Held:

Applicant Name: _____ (Print Legibly)

F. EMPLOYMENT HISTORY

(List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment):

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Applicant Name: _____ (Print Legibly)

Reason for Leaving:

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or volunteer position you have held?

Yes No

If YES, please give details, including dates, employer's name, and specifics:

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes No

If YES, please give details, including dates, employer's name, and specifics:

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

Yes No

If yes, please provide name of agency and date of application or service.

4. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

Yes No

If yes, please provide name and address of business, corporation or organization and describe your relationship or position, and nature of business.

Applicant Name: _____ (Print Legibly)

G. APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

1. Identify **ALL** complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

2. Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Approximate Date	Disposition

3. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

4.

Applicant Name: _____ (Print Legibly)

Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

5. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

H. DRIVING HISTORY

1. Are you a licensed Idaho automobile operator? Yes No License No.:

Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator license in another state? Yes No

If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?

Yes No

If yes, please provide complete details including why license was revoked.

Applicant Name: _____ (Print Legibly)

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?

Yes No

If yes, please provide complete details.

I. MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service:

Highest Rank:

Serial #:

Duty Dates: From:

To:

From:

To:

From:

To:

From:

To:

2. Date and type of discharge:

3. Are you now or have you

ever been a member of a reserve unit or the National Guard?

Yes No

4. If yes state the branch of service, name and location of your unit:

5. Was any type of disciplinary action taken

against you in the service?

Yes No

If yes, please provide:

Date:

Place:

Nature of Offense:

Action Taken:

6. Have you ever served in the Armed Forces of a foreign country? Yes No

If yes, please specify countries and dates.

Applicant Name: _____ (Print Legibly)

Applicant Name: _____ (Print Legibly)

VETERAN'S PREFERENCE

If you are **NOT** claiming Veteran's Preference, please initial here _____ and proceed to the next section.

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.

Preference Eligible Veterans:

- I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.
- I have a service-connected disability of 10% or more.
- 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 have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

J. BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No
2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No
3. Was any such license ever cancelled, relinquished, suspended or revoked? Yes No

If yes to question #1, #2 or #3, please provide details including name and address of business, the type of license or certificate, the agency that issued the license, effective date of license and license number.

Applicant Name: _____ (Print Legibly)

K. ORGANIZATION MEMBERSHIP

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes No

If YES, including name of organization, dates of membership and location.

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

Yes No

If YES, explain including name of organization, date(s) and location.

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

If YES, explain including name of organization, dates and location.

Applicant Name: _____ (Print Legibly)

1. Personal References: Please list the names of three (3) persons not related to you by blood or marriage)

Complete Name		L. PERSONAL & PROFESSIONAL REFERENCES	
(Last,First,Middle)		Home Address: _____	
(Last,First,Middle)		City, State, & Zip: _____	
Yrs. Known	Occupation	Home Phone: _____	
		Business Address: _____	
		City, State & Zip: _____	
		Business Phone: _____	
Complete Name		Home Address: _____	
(Last,First,Middle)		City, State, & Zip: _____	
Yrs. Known	Occupation	Home Phone: _____	
		Business Address: _____	
		City, State & Zip: _____	
		Business Phone: _____	
Complete Name		Home Address: _____	
(Last,First,Middle)		City, State, & Zip: _____	
Yrs. Known	Occupation	Home Phone: _____	
		Business Address: _____	
		City, State & Zip: _____	
		Business Phone: _____	

2. Professional References: List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage.

Complete Name		Home Address: _____	
(Last,First,Middle)		City, State, & Zip: _____	
Yrs. Known	Occupation	Home Phone: _____	
		Business Address: _____	
		City, State & Zip: _____	
		Business Phone: _____	
Complete Name		Home Address: _____	
(Last,First,Middle)		City, State, & Zip: _____	
Yrs. Known	Occupation	Home Phone: _____	
		Business Address: _____	
		City, State & Zip: _____	
		Business Phone: _____	
Complete Name		Home Address: _____	

Applicant Name: _____ (Print Legibly)

(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

M. DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or GED, college diploma or transcripts.
3. Attach a copy of military discharge(s).

N. OTHER REQUIREMENTS

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test and complete physical examination, as well as be required to complete the Background Information form and a polygraph examination.

Applicant Name: _____ (Print Legibly)

O. SIGNATURE & CERTIFICATION OF ACCURACY & NOTARY SEAL

I, _____, hereby certify that each and every statement made on this form 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 in Full

Print Named in Full

NOTARY

State of _____)
 :ss.
County of _____)

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 _____
Residing in _____
My Commission Expires: _____, 20_____.

(Official Seal)

Applicant Name: _____ (Print Legibly)

RELEASE OF INFORMATION

TO: _____ APPLICANT'S NAME:

DATE OF BIRTH:
OR Repository of Records SOCIAL SECURITY NO.:

NAME & ADDRESS OF EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would rehire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your employer, education institution, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation, to:

Signed this the _____ day of _____, 20____.

Signature in Full

PRINTED Signature in Full

NOTARY

State of _____)
:ss.)
County of _____)

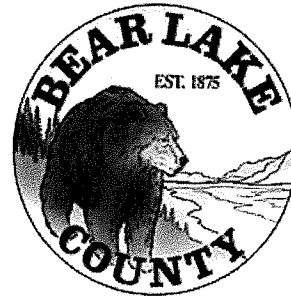
On this ____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

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 _____
Residing in _____
My Commission Expires _____, 20____

(Official Seal)

BEAR LAKE COUNTY
Job Description Form



Department: SHERIFF

Job Title: DEPUTY

Reports To (title): SHERIFF

Type of Position:

- Full-time
- Part-time
- Contractor
- Seasonal
- Temporary

_____ Hours/ Week

- Exempt (Salary)
- Nonexempt
- Elected Official

GENERAL DESCRIPTION OF THE ROLE

Performs basic level law enforcement duties intended to secure a safe environment for county citizens and to protect their legal rights as established by federal, state and local laws.

SUPERVISION RECEIVED:

Works under the general supervision of the Sheriff or Chief Deputy.

SUPERVISION EXERCISED:

None.

EXAMPLES OF DUTIES:

Patrols county roadways to observe traffic for violations of traffic laws and ordinances; assists stranded motorists; checks for suspicious vehicles; determines violations and makes arrests.

Receives training in law enforcement principles and procedures such as criminal investigations, evidence collection, patrol and traffic procedures, general office policies and methods, performs the same in completion of duties listed.

Investigates auto, aircraft and industrial accidents; conducts searches for lost, missing or drowned persons; assists county coroner concerning death investigation and transportation of dead bodies; delivers death and other emergency messages; performs investigations of narcotic offenders and performs other necessary detective duties in the course of eliminating criminal activity.

Reports to accident scenes to render first aid to injured persons and to control traffic in the area; investigates cause of accident and prepares report on details after the investigation.

Responds to citizen complaints such as break-ins, robberies, domestic quarrels, assaults and vandalism; gathers evidence, interviews victims and witnesses and prepares investigation reports of crimes scenes.

Appears in court to give testimony; may serve as court bailiff; transports prisoners.

Serves civil papers, warrants and summons and any other document as required by law.

Qualifies, at least yearly, with department issued pistol, shotgun and rifle. Qualification is done with the Bear Lake County Sheriff's Office firearms instructor.

EDUCATION REQUIREMENTS

MINIMUM QUALIFICATION:

1. High school graduate or GED equivalent.

2. Meets Idaho Peace Officer Standards and Training Academy (POST) requirements for physical fitness.
3. Meets Idaho POST requirements for basic certification or is capable of meeting those requirements before hire.
4. Must reside in Bear Lake County. If relocating to Bear Lake, reasonable time will be allowed to find housing.
5. Must be at least 21 years of age.
6. All applicants will have a background check including criminal history and traffic records.
7. The successful applicant must complete a polygraph examination and psychological testing.

I can perform the essential functions of the job.

Employee:	Date:
Supervisor:	Date:

Approved by Board of County Commissioners: Date