



OWYHEE COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

Instructions: FOLLOW ALL DIRECTIONS CAREFULLY; FAILURE TO COMPLY WITH ANY INSTRUCTION MAY BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

Complete all pages thoroughly, legibly and accurately. PRINT OR TYPE. Incomplete or illegible applications will not be processed. Sign in all required locations. **Submit application with a cover letter, resume and copies of documents below.** The Personal Inquiry Waiver **MUST BE SIGNED AND NOTARIZED** Include pages 1-2 of this document with your application.

COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED TO BEGIN THE APPLICATION PROCESS AND MUST BE SUBMITTED WITH THE APPLICATION. FAILURE TO PROVIDE THESE REQUIRED ITEMS MAY BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

VALID DRIVERS LICENSE
SOCIAL SECURITY CARD
BIRTH CERTIFICATE
CREDIT HISTORY REPORT (AVAILABLE FREE AT "ANNUAL CREDIT REPORT.COM")
RECENT PHOTOGRAPH OF YOURSELF (APPROXIMATE SIZE 2"x3")
HIGH SCHOOL DIPLOMA, G.E.D. OR TRANSCRIPTS SHOWING GRADUATION
COLLEGE DIPLOMA (IF APPLICABLE)
SELECTIVE SERVICE REG./MILITARY DD214 (IF APPLICABLE)
CITIZENSHIP RECORDS (IF APPLICABLE)
NAME CHANGE RECORDS (IF APPLICABLE)
P.O.S.T. CERTIFICATES, LAW ENFORCEMENT TRAINING RECORDS (IF APPLICABLE)
BANKRUPTCY DISCHARGE PAPERS (IF APPLICABLE)

COMPLETED APPLICATIONS SHOULD BE SENT TO:
The Owyhee County Sheriff's Office
Attention: Luisa Jaca
PO Box 128
Murphy, Idaho 83650
(208) 495-1154

Owyhee County Sheriff's Office

Mission Statement

The men and women of the Owyhee County Sheriff's Office are committed to be a caring and sensitive organization dedicated to the concepts of personal excellence, continuous improvement, teamwork, and service to our community. Therefore we will strive to be part of the community we serve so we can better understand our community's needs and protect the quality of life we all enjoy. We take pride in our organization, our professional accomplishments, and our abilities. With an open partnership with our community, we will better meet our responsibilities of protecting our citizens.

Employee Value Statement

The men and women of the Owyhee County Sheriff's Office are responsible to each other and will always strive to work together to serve the citizens of our county. We will treat each other fairly, in a working environment that rewards and reinforces cooperation at all levels. We are empowered to make suggestions and express our concerns. With management's commitment to quality training and staff development, we accept the responsibility to contribute by our actions and ideas, to improve to our organization's effectiveness and efficiency. Our fundamental commitment is to ourselves, our organization, and our customers—the citizens of Owyhee County. With these commitments in place, we will positively impact our profession to the highest degree possible.

Vision Statement

It is the vision of the Owyhee County Sheriff's Office to take the leadership role both in law enforcement and corrections in meeting the needs of our community and solving the problems that growth will bring. The needs will focus on these areas: Prevention Programs and Enforcement. An emphasis will be placed on creative ways to bring the community and our office together, working in a cooperative effort to address law enforcement/community problems that arise out of a growing community. Staff development and communication at all levels is imperative if we are to be successful in meeting these needs. An emphasis will be placed at levels for creativity, cost effectiveness in our operation, and efficiency in meeting the demands for service. This vision is dependent upon the communication, cooperation, development, and utilization of all of our staff.

Sheriff Perry Grant

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		POSITION(S) APPLIED FOR: <input type="checkbox"/> DETENTION <input type="checkbox"/> DISPATCH <input type="checkbox"/> PATROL <input type="checkbox"/> OTHER:	
MAILING ADDRESS – BOX NO., CITY, STATE, ZIP		SOCIAL SECURITY NO. STATE ISSUED	
PHYSICAL ADDRESS - STREET, CITY, STATE, ZIP		DATE OF BIRTH AGE	
PLACE OF BIRTH?		LIST ANY OTHER STATES YOU HAVE LIVED	
LIST ANY OTHER NAMES EVER USED (INCLUDING MAIDEN NAME):			
WORK PHONE#	HOME PHONE#	CELL PHONE#	E-MAIL ADDRESS
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NOT, DO YOU HAVE CURRENT AND VALID DOCUMENTATION WHICH AUTHORIZES YOU TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)</i>			
HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY OWYHEE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN? WHAT POSITION?	
ANY RELATIVES EMPLOYED BY OWYHEE CO. SHERIFF'S OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT POSITION?	
TYPE OF WORK YOU ARE SEEKING <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		DATE YOU ARE AVAILABLE TO START WORK?	
ARE YOU WILLING TO WORK? <input type="checkbox"/> DAY SHIFTS <input type="checkbox"/> NIGHT SHIFTS <input type="checkbox"/> ROTATING SHIFTS <input type="checkbox"/> WEEKENDS			
HOW DID YOU LEARN ABOUT THE JOB OPENING?			
<input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> WEBSITE: _____ <input type="checkbox"/> JOB FAIR OTHER: _____			
CAN YOU OPERATE A COMPUTER? <input type="checkbox"/> YES <input type="checkbox"/> NO WORDS PER MINUTE: _____			

DESCRIBE THE TYPES OF COMPUTER EQUIPMENT & SOFTWARE PROGRAMS YOU HAVE USED AND YOUR LEVEL OF EXPERIENCE WITH EACH:

DO YOU HAVE A VALID VEHICLE OPERATORS LICENSE? YES NO DRIVERS LICENSE# _____

STATE ISSUED _____ EXPIRATION DATE _____ NAMED USED _____

LIST ANY OTHER STATES IN WHICH YOU HAVE BEEN PREVIOUSLY ISSUED A DRIVERS LICENSE.

STATE ISSUED _____ EXPIRATION DATE _____ NAMED USED _____

STATE ISSUED _____ EXPIRATION DATE _____ NAMED USED _____

STATE ISSUED _____ EXPIRATION DATE _____ NAMED USED _____

EDUCATIONAL HISTORY

List your educational history below. Use additional pages if necessary.

	NAME, ADDRESS, CITY AND STATE OF SCHOOLS ATTENDED	CIRCLE LAST GRADE ATTENDED	DATE	GRADUATED	DEGREE / MAJOR
HIGH SCHOOL		9 10 11 12	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> G.E.D.	
COLLEGE		1 2 3 4 <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4 <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER		SPECIFY	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER		SPECIFY	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY

List your work history below going back at least ten (10) years, beginning with your present or most recent job. You must provide contact information for all employers or supervisors.

EMPLOYER'S NAME		FROM	TO
		MO/YR	MO/YR
FULL MAILING ADDRESS		TOTAL TIME	HOURS/WEEK
		MO/YR	
DUTIES (BE SPECIFIC)	YOUR TITLE OR POSITION	SALARY	SALARY
		STARTING	ENDING
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.	

EMPLOYER'S NAME		FROM	TO
		MO/YR	MO/YR
FULL MAILING ADDRESS		TOTAL TIME	HOURS/WEEK
		MO/YR	
DUTIES (BE SPECIFIC)	YOUR TITLE OR POSITION	SALARY	SALARY
		STARTING	ENDING
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.	

EMPLOYER'S NAME		FROM	TO
		MO/YR	MO/YR
FULL MAILING ADDRESS		TOTAL TIME	HOURS/WEEK
		MO/YR	
DUTIES (BE SPECIFIC)	YOUR TITLE OR POSITION	SALARY	SALARY
		STARTING	ENDING
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.	

EMPLOYER'S NAME		FROM	TO
		MO/YR	MO/YR
FULL MAILING ADDRESS		TOTAL TIME	HOURS/WEEK
		MO/YR	
DUTIES (BE SPECIFIC)	YOUR TITLE OR POSITION	SALARY	SALARY
		STARTING	ENDING
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.	

EMPLOYMENT QUESTIONS

If the answer to any of the questions below is yes, please explain in detail on the Comment Page provided on page 11. DO NOT WRITE EXPLANATION ON THIS PAGE.

1. Have you ever worked for any law enforcement agency in any capacity? If yes, list agency name, dates, job title and status.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you currently or have you in the past been POST certified? If yes, list the type of certificate, agency name, state, highest level attained and date awarded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever served in the U.S. Military? If yes, list dates, branch of service, type of discharge and highest rank held.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has any supervisor ever reprimanded you for being late or absent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has any supervisor ever reprimanded you for misconduct or not doing your job properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been terminated during the probationary period from any employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been suspended, fired, or asked to resign from any employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever quit a job without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been rejected for employment for any reason by any law enforcement agency? If yes, list which agency and why on the comment page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Would contacting your current employer during the background investigation present a problem for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you unable to lift one hundred (100) pounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List any specialized training, additional schooling or educational awards you may have.

List any foreign languages you speak and the extent of your proficiency.

BACKGROUND

Summarize any other experience, volunteer work or any related general information you feel pertains to you as an applicant for this job. Include any licenses, or technical skills.

LAW ENFORCEMENT EXPERIENCE

List all public safety agencies at which **you have been employed** (law enforcement, fire department, correctional, etc.) Include agency name, position, dates of employment, supervisor name and reason for leaving. If additional space is needed, use the comment page (pp. 11)

- 1.
- 2.
- 3.
- 4.

List all public safety agencies that **you have applied with** (law enforcement, fire department, correctional, etc.) Include agency name, date applied, contact name and how far you got in their hiring process. If additional space is needed, use the comment page (pp. 11)

- 1.
- 2.
- 3.
- 4.

LANDLORD / NEIGHBOR REFERENCES

Please provide **physical addresses and contact information** for at least three (3) landlords or neighbors for where you have lived for at least the last five (5) years. If additional space is needed use the comment page (pp. 11)

Mr.	Ms.	Name	Years Known
Physical Address		Relationship	
City	State	Zip Code	Home Phone
Mr.	Ms.	Name	Years Known
Physical Address		Relationship	
City	State	Zip Code	Home Phone
Mr.	Ms.	Name	Years Known
Physical Address		Relationship	
City	State	Zip Code	Home Phone

Mr.	Ms.	Name			Years Known
Physical Address					Relationship
City		State	Zip Code	Home Phone	

PERSONAL REFERENCES

Provide full and correct mailing addresses and contact information for at least five (5) personal references that you have known for five (5) years. List only person we may contact. Each reference will be sent a questionnaire inquiring about you. Do not include anyone related to you or previous employers. **Please verify all addresses prior to submission of application.**

Mr.	Ms.	Name			Years Known
			Place of Employment	Work Ph.	
Full Mailing Address					Relationship
City		State	Zip Code	Home Phone	
Mr.	Ms.	Name			Years Known
			Place of Employment	Work Ph.	
Full Mailing Address					Relationship
City		State	Zip Code	Home Phone	
Mr.	Ms.	Name			Years Known
			Place of Employment	Work Ph.	
Full Mailing Address					Relationship
City		State	Zip Code	Home Phone	
Mr.	Ms.	Name			Years Known
			Place of Employment	Work Ph.	
Full Mailing Address					Relationship
City		State	Zip Code	Home Phone	
Mr.	Ms.	Name			Years Known
			Place of Employment	Work Ph.	
Full Mailing Address					Relationship
City		State	Zip Code	Home Phone	

PERSONAL CONDUCT

Answer the following questions regardless of whether the incident may have been sealed, expunged, or dismissed. **If the answer to any of the questions below is yes, explain in detail on the Comment Page provided on page 11.**

DO NOT WRITE EXPLANATION ON THIS PAGE.

1. As a juvenile or as an adult have you ever committed an offense where you could have been/or were arrested? If yes, give date the offense was committed, what the offense was and disposition of charge.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever petitioned any court to seal or expunge a criminal or juvenile record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been involved in or arrested for any crime of unlawful sexual conduct, stalking or employing physical or domestic violence of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been the subject of an investigation dealing with the theft of something not belonging to you? If yes, what was taken, what was the value and when did this occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever purchased any item(s) that you knew or suspected was stolen? If yes, list item, quantity, value and date of purchase.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever had a criminal warrant or a traffic warrant issued for your arrest? If yes, give the date the warrant was issued and date cleared.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you reside or associate with anyone (family or friends) who is or has been involved in, charged with or convicted of a misdemeanor or felony? If yes, please list details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been placed on probation or parole? If yes, when, and where.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever failed a polygraph examination? If yes, when, where, why, and dates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever falsified an insurance claim, income tax return or collected unemployment / welfare benefits that you were not entitled to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever fraudulently misused a credit card or forged a check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever or are you currently involved in a civil lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Has there ever been any situation in which you have been involved which may be incompatible with the discharge of the duties of a certified officer. This would include any activity which may impair your independence of judgment or action in the performance of the duties of a peace officer. If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Has your driver's license ever been suspended, revoked, placed on probation or have you ever received a warning notice from the state who issued your license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Have you ever been refused a driver's license by any state? If yes, give the state, date and the circumstances.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Have you ever possessed any drugs, narcotics or other controlled substances other than those prescribed by a doctor or other licensed medical practitioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Have you ever illegally purchased, sold or otherwise distributed any drugs, narcotics or other controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Have you ever been involved in the cultivation of marijuana or the manufacturing of any drugs, narcotics or other controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MILITARY SERVICE

1. Have you ever attempted to enlist in any branch of the United States Armed Forces? This includes the Reserves, National Guard, or Coast Guard. If yes, list which branch and date on the comment page (pp. 11).	[] Yes	[] No
2. Have you ever served in any branch of the United States Armed Forces? This includes the Reserves, National Guard, or Coast Guard. If yes, list which branch of service, highest rank held, enlistment dates, and service number on the comment page (pp. 11).	[] Yes	[] No
3. If yes to above question, mark which type of military discharge you received? Be specific. <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Under Honorable Conditions <input type="checkbox"/> Entry Level Separation <input type="checkbox"/> Medical <input type="checkbox"/> Other If additional space is needed, please use the comment page (pp. 11).		
4. Have you ever served in any branch of a foreign military? If yes, list name and location of military, highest rank held and dates of service on the comment page.	[] Yes	[] No
5. Have you ever been involved in, been accused of being involved in, a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.? If yes, fully explain all the circumstance and details on an attached sheet of paper.	[] Yes	[] No
6. Have you ever been court martialed, tried on charges, or subject of an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of any branch of the Armed Forces? If yes, fully explain all the circumstance and details on an attached sheet of paper.	[] Yes	[] No

THE OWYHEE COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY TO HIRE AND PROMOTE PERSONS WITHOUT REGARD TO RACE, SEX, AGE, RELIGION, NATIONAL ORIGIN OR PHYSICAL DISABILITY (EXCEPT WHERE PHYSICAL REQUIREMENTS CONSTITUTE A BONA FIDE OCCUPATIONAL QUALIFICATION). THE OWYHEE COUNTY SHERIFF'S OFFICE COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT (ADA) AND MAKES REASONABLE ACCOMMODATIONS FOR DISABLED PERSONS.

WAR VETERAN'S PREFERENCE

IF YOU BELIEVE YOU ARE ELIGIBLE FOR VETERAN'S PREFERENCE, CHECK BOX
A, B, OR C.

A. WAR VETERAN:

Employment preference for initial appointment (5 points in competitive examinations) will be given to persons:

1. who have served on active duty with the U.S. Armed Forces for a period of more than 180 days and during any conflict or war period officially recognized and participated in by the United States, and
2. who have been discharged under other than dishonorable conditions, and
3. who are residents of the State of Idaho when application for employment is made.

YOU MUST INCLUDE A COPY OF YOUR DD214 LONG FORM SHOWING TYPE OF DISCHARGE.

B. DISABLED WAR VETERAN

Employment preference for initial appointment (10 points in competitive examinations) will be given to disabled persons:

1. who have served on active duty the U.S. Armed Forces during any conflict or war period officially recognized and participated in by the United States,
2. whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and
3. who have a service-connected disability of 10% or more (U.S. Veterans Administration certification required) or have a non-service-connected disability for which they receive a pension or compensation in accordance with laws and regulations administered by the Veterans Administration (certification required), and
4. who have been discharged under other than dishonorable conditions, and
5. who are residents of the State of Idaho when application for employment is made.

YOU MUST INCLUDE A DISABILITY BENEFITS LETTER FROM THE VETERANS ADMINISTRATION.

C. HUSBAND/WIFE, WIDOW/WIDOWER:

Employment preference will also be given to spouses of eligible war veterans or disabled war veterans when the disabled veteran is physically unable to perform the duties of the position to which the spouse seeks to apply this employment preference, and to widows and widowers of eligible war veterans or disabled war veterans provided the widow or widower does not remarry. (Documentation required) (Idaho Code, Title 65, Chapter 5)

Date Entered Military Service: _____ Date Separated: _____

Branch of Service: _____ Date Upon Separation: _____

**APPLICANT EMPLOYMENT WAIVER
READ CAREFULLY AND SIGN
BELOW**

BY MY SIGNATURE BELOW I CERTIFY THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE STATEMENTS WILL BE CONSIDERED AS CAUSE FOR MY DISMISSAL. YOU ARE HEREBY AUTHORIZED TO CONDUCT ANY INVESTIGATION ON MY PERSONAL HISTORY, INCLUDING MATTERS OF A PRIVILEGED OR CONFIDENTIAL NATURE, AND I HEREBY RELEASE YOU FROM LIABILITY OR DAMAGE WHICH MAY RESULT FROM SUCH RELEASE AND INVESTIGATION. I UNDERSTAND THAT IF THIS INVESTIGATION REVEALS ANY INFORMATION THAT WOULD PROHIBIT MY CONTINUED EMPLOYMENT THAT MY APPOINTMENT IS SUBJECT TO IMMEDIATE TERMINATION.

I UNDERSTAND THAT EVERY PERSON HIRED FOR THE POSITION OF PATROL OR DETENTION IS A SWORN DEPUTY SHERIFF AND IS THEREFORE REQUIRED BY IDAHO LAW TO SUBSCRIBE TO THE DUTIES OF SHERIFF. BECAUSE OF THIS, THE SHERIFF MAY REASSIGN AN EMPLOYEE'S DUTIES OR REDEFINE AN EMPLOYEE'S JOB DESCRIPTION AS THE NEED ARISES. THIS ACTION, ALTHOUGH INFREQUENT, COULD BE IMMEDIATE AND WITHOUT PRIOR NOTICE, AND I ACCEPT THIS AS A CONDITION OF EMPLOYMENT.

I UNDERSTAND THAT THE OWYHEE COUNTY SHERIFF'S OFFICE IS A SEVEN DAY A WEEK, TWENTY-FOUR HOUR A DAY OPERATION. I UNDERSTAND THAT DEPENDING ON MY POSITION I MAY BE SUBJECT TO WORK ANY SHIFT (DAY, SWING, HOLIDAY, WEEKEND, NIGHT OR GRAVE SHIFT) AND BE ASSIGNED ANY CONSECUTIVE OFF DAYS.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON OWYHEE COUNTY TO CONTINUE TO EMPLOY ME. I ALSO UNDERSTAND THAT DURING MY PROBATIONARY PERIOD I MAY BE TERMINATED WITHOUT CAUSE AND WITHOUT BEING GIVEN A REASON. PERMANENT EMPLOYMENT IS SUBJECT TO MY SUCCESSFUL COMPLETION OF A BACKGROUND INVESTIGATION, PROBATIONARY PERIOD AND THE PROVISIONS OF THE OWYHEE COUNTY PERSONNEL MANUAL.

PRINT FULL NAME _____

SIGNATURE OF APPLICANT _____
(Signature Required)

DATE _____ **SOCIAL SECURITY NUMBER** _____

HIRING STANDARDS AND MINIMUM QUALIFICATIONS

Commissioned Deputy: Be 21 years of age, in excellent physical condition, a U.S. citizen, possess or be able to possess a valid Idaho State driver's license, and have a high school diploma or equivalency.

Non-Commissioned Deputy: Must have a high school diploma or equivalency and meet the following minimum age requirements:

Dispatcher:	19 years of age
Records Clerk:	18 years of age
Drivers License Clerk:	18 years of age

Criminal History

NO convictions or commission of a felony as an adult; case-by-case review of juvenile felony convictions. General misdemeanor convictions are reviewed on a case-by-case basis; however **NO** convictions for domestic battery, child abuse, stalking or voyeuristic type of convictions. Any criminal probation must already have been served.

NO D.U.I. convictions in the past 3 years. This policy will also include Withheld Judgments as convictions.

NO drivers license suspensions in the past 3 years for violations relating to D.U.I., chemical test refusal or points assessed due to moving traffic violations, if driving is an essential function of the job.

Drug Usage

Failure to disclose past drug usage regardless of meeting these standards will automatically disqualify you for employment.

NO "soft" illegal drug use in the **past 3 years** - marijuana, illegal use of prescription drugs, etc.

NO "hard" illegal drug use in the **past 5-10 years** - methamphetamines, LSD, cocaine, heroin, etc.

Military

NO dishonorable discharges from any U.S. military force.

Bankruptcy

It shall be the policy of the Sheriff's Office to not hire applicants who are either presently undergoing action in bankruptcy court in any state on either a personal or business level, or applicants planning to file a bankruptcy in any state on either a personal or business level. After filing a bankruptcy, a period of at least one (1) year must pass before an applicant can apply for a position with the Sheriff's Office, and they must have demonstrated fiscal responsibility since that time.

Vision

Based upon the Idaho Enforcement Office Job Task Analysis Study an officer *must* meet the following minimum requirements:

- Possess normal binocular coordination.
- Depth proficiency of a minimum of one minute of arc at 20 feet.
- Peripheral vision shall be binocularly 200° laterally with 60° upward and 70° downward. There must be no pathology of the eye.
- Possess 70% proficiency of the Dvorine or equivalent color discrimination test.
- Applicants with worse than 20/20 vision must meet the following requirements: Uncorrected vision in each eye must be no worse than 20/200, with the weaker eye corrected to 20/60 and the stronger eye corrected to 20/20. ***A full eye examination shall***

be administered by an optometrist or ophthalmologist to any applicant whose uncorrected vision in either eye is 20/150 or worse.

- Contact lenses are exempt from the uncorrected vision of 20/200, BUT must have the strong eye corrected to 20/20 and the weaker eye corrected to 20/60.

Hearing

Applicant must have unaided or aided hearing between zero (0) and twenty-five (25) decibels for each ear at the frequencies of 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz.

Based upon the Idaho Law Enforcement Officer Job Task Analysis Study an officer must meet the following minimum requirements:

- Ability to hear normal speech.
- Binaural hearing.
- Capable of hearing sound sources, direction, localization, and distance.
- Ability to hear whispering.

Physical

Applicants must score at least the following minimums on each of the five tests: Vertical Jump: 14.0 inches, 1-Minute Sit-ups: 15 repetitions, Maximum Push-ups: 21 repetitions, 300-Meter Run: 77.0 seconds, and 1.5 mile Run/Walk: 17 min: 17 seconds.

Peace officers have unique job functions, some of which can be physically demanding. An officer's capability to perform those functions can affect personal and public safety. Physical fitness underlies an officer's ability to perform the frequent and critical job tasks demanded. The minimum fitness standards identified are levels below which an officer's capacity to safely learn and perform frequent or critical job tasks is compromised. Higher levels of fitness are associated with better performance of physical job tasks required of Idaho peace officers.

Physical Fitness Test Battery (PFTB) Administration

The Idaho Peace Officer PFTB is comprised of five tests:

1. Vertical Jump
2. One Minute Sit-Ups
3. Maximum Push-Ups
4. 300-Meter Run
5. 1.5-Mile Run/Walk

Tests should be administered in the above order. The test battery process should be sequenced as follows:

I. Warm-up (7-10 minutes)

- A. General warm-up - 2-3 minutes of easy jogging, jumping jacks, squat-thrusts, etc.
- B. Stretching (active and/or static) - 5-7 minutes, include stretches for shoulders, back, upper/lower legs

II. Physical Fitness Test Battery (PFTB)

- Vertical Jump (3 minutes rest)
- One Minute Sit-Ups (5 minutes rest)
- Maximum Push-Ups (10 minutes rest)

- 300-Meter Run (15 minutes rest)
- 1.5 Mile Run/Walk

III. **Cool-down** (5 minutes)

- Walking (keep walking to avoid blood pooling in legs)
- Easy stretching

APPLICANT ACKNOWLEDGEMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE STANDARDS LISTED ABOVE, AND THAT A WRITTEN SKILLS TEST, TYPING TEST, PHYSICAL FITNESS TEST, BACKGROUND INTERVIEW AND INVESTIGATION, ORAL BOARDS, PSYCHOLOGICAL SCREENING, AND A POLYGRAPH EXAMINATION MAY BE CONDUCTED PRIOR TO EMPLOYMENT TO VERIFY MY COMPLIANCE WITH EACH STANDARD.

SIGNATURE OF APPLICANT _____ **DATE** _____
(Signature Required)

**PERSONAL INQUIRY WAIVER
OWYHEE COUNTY SHERIFF'S OFFICE
AUTHORIZATION TO RELEASE INFORMATION**

NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED

TO WHOM IT MAY CONCERN:

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH THE OWYHEE COUNTY SHERIFF'S OFFICE WITH ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING ME, MY EMPLOYMENT AND EDUCATION RECORDS, MY REPUTATION, AND MY FINANCIAL AND CREDIT STATUS. PLEASE INCLUDE ANY AND ALL MEDICAL, PHYSICAL, AND PSYCHOLOGICAL/MENTAL RECORDS, INCLUDING ALL INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE, AND PHOTOCOPIES OF SAME, IF POSSIBLE. YOUR COOPERATION IN THIS REPLY WILL BE USED TO ASSIST THE SHERIFF'S OFFICE IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR THE POSITION I AM SEEKING WITH THE OWYHEE COUNTY SHERIFF'S OFFICE.

I HEREBY RELEASE YOU, YOUR ORGANIZATION, AND OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED.

SIGNATURE OF APPLICANT _____ **DATE** _____
(Signature Required)

MILITARY RECORDS RELEASE:

I HEREBY AUTHORIZE THE RELEASE OF MY MILITARY SERVICE RECORDS (INCLUDING MEDICAL, PHYSICAL, AND MENTAL RECORDS AND REPORTS) TO THE OWYHEE COUNTY SHERIFF'S OFFICE.

SIGNATURE OF APPLICANT _____ DATE _____
(Signature Required If Applies)

SUBSCRIBED AND SWORN BEFORE ME ON THE _____ DAY OF _____, 20__

(Seal)

Notary Public for the State of Idaho
Resides in _____
Notary Expires _____
(NOTARIZATION REQUIRED)

A PHOTOCOPY OF THIS REQUEST SHALL BE, FOR ALL INTENT AND PURPOSES, AS VALID AS THE ORIGINAL. THE ORIGINAL IS ON FILE AT THE OWYHEE COUNTY SHERIFF'S OFFICE.

Perry S. Grant
SHERIFF



J. Lynn Bowman
CHIEF DEPUTY

P.O. BOX 128 • MURPHY, ID 83650
OFFICE 208-495-1154

PRE-POLYGRAPH QUESTIONNAIRE

APPLICANT: _____

DATE QUESTIONNAIRE WAS COMPLETED: _____

SOCIAL SECURITY #: _____ DOB: _____

AGENCY APPLYING FOR: _____

POSITION APPLYING FOR: _____

You must be aware that any false statements(s) or omission(s) on this questionnaire will be cause for termination of the employment process. Read and answer the following questions carefully and honestly. A "YES" answer may not, in and of itself, be grounds for disqualification or non-selection, whereas an untruthful response will be. Answers will then be verified by a polygraph examination. Any questions answered "YES" require an explanation.

Use the reverse side of the previous page to explain any "YES" answers. If there is not sufficient room for a complete answer, attach additional pages.

Do you understand this admonishment? YES NO

Do you have any questions about this admonishment? YES NO

(If you answered "YES", contact your employment representative)

Signed: _____ Date: _____

	Have you ever committed any of the following acts? (1 through 23)	Yes	No
1	Arson (illegally set a fire)		
2	Burglary (entry of a structure/vehicle to commit theft or other felony)		
3	Robbery (theft from another person using a weapon, force, or threat of force)		
4	Homicide/Manslaughter		
5	Theft (including switching price tags, shoplifting)		
6	Forgery		
7	Kidnaping		
8	Extortion		
9	Embezzlement (theft of money or other valuables entrusted to you)		
10	Rape (sexual intercourse by force, including your spouse)		
11	Any other forcible sex act (oral copulation, sodomy, etc.)		
12	Sexual intercourse/sexual touching with anyone under 18 years of age		
13	Incest (sexual intercourse with an immediate member of your family)		
14	Possess sexually exploitive material of a child (child pornography)		
15	Voyeurism (window peeping)		
16	Bestiality (any sex with an animal)		
17	Prostitution (sexual intercourse or other sexual acts for money)		
18	Soliciting prostitution (asking for sex in return for money)		
19	Illegally expose your genitals		
20	Assault/Battery upon another person		
21	Domestic Violence (including common-law)		
22	Child Abuse (physical)		
23	Illegally damage or destroy property or commit malicious mischief		
24	Have you ever carried a concealed weapon without a permit?		
25	Are you prohibited by law from owning, possessing, or carrying a firearm?		

		Yes	No
26	Have you ever been present when anyone else committed any criminal act?		
27	Did you ever fail to register for the military draft when required to do so?		
28	Have you ever been detained for investigation by law enforcement?		
29	Have you ever been placed on court probation as a juvenile or adult? (If "yes," give details including when, where, and why).		
30	Have you ever illegally carried any weapon?		
31	Have you ever had a warrant issued for your arrest?		
32	Have you ever been arrested or convicted of any crime as an adult or juvenile (excluding traffic citations)? If "Yes," include the following on the back of this form: Charge Date of Incident Police Agency Location Circumstances Case Number Disposition		
33	Are you currently, or have you ever been, on parole?		
34	Are you now wanted, for any reason, by any law enforcement agency?		
35	Have you ever had a criminal record sealed or expunged?		
36	Have you ever been arrested for an illegal sex act?		
37	Have you ever participated in any form of sex-related entertainment for pay or received payment for a sexual act?		
38	Have you ever had to register as a sex offender?		
39	If applying for police officer, are you afraid of physical combat?		
40	If applying for police officer, have you ever fired a firearm?		
41	If applying for police officer, are you afraid of firearms?		
42	Do you feel any prejudices might affect your ability to perform this job?		
43	Do you have any prejudices against any racial group, religion or militant groups?		
44	Do you frequently lose your temper?		
45	Have you had any difficulties or disputes with a neighbor?		
46	Have you ever lost your temper with family, friends, co-workers, supervisors, or a stranger?		

		Yes	No
47	Have you ever been involved in a fight? If so, when was the last time?		
48	Since you were 18 years of age, have you struck or injured any person?		
49	Have you ever struck anyone living with you?		
50	Have you ever had to physically defend yourself? If so, how many times? (Other than training, e.g. military, police academy, self-defense courses, etc.)		
51	In the past year, have you been involved in any fights?		
52	Other than in warfare, have you ever caused serious injury to anyone?		
53	Other than in warfare, have you ever used any weapon against anyone?		
54	Other than in warfare, have you ever been involved in a violent incident such as a shooting, knifing, or fight where someone was or could have been seriously injured or killed?		
55	Other than in warfare, have you ever caused the death of a human being?		
56	If applying for a police officer, if it becomes necessary in the course of your duties to take a human life, would you have any reluctance to do so because of religious or other personal beliefs?		
57	Have you ever driven a car under the influence of alcohol and/or illegal drugs? If so, how many times?		
58	Do any of your friends, immediate family, or associates use any illegal drugs?		
59	Have you ever remained in a place where illegal drugs were being used, possessed, sold, or manufactured?		
60	Have you ever purchased illegal drugs, including marijuana, without a doctor's prescription?		
61	Have you ever misused any prescription drugs?		
62	Have you ever used someone else's prescription drug?		
63	Have you ever furnished, manufactured, cultivated, transported, or possessed an illegal drug? Type(s): _____ Explain on back.		
64	Have you ever knowingly allowed anyone to use illegal drugs in your home?		

		Yes	No
65	Have you ever ingested a substance you thought was an illegal drug and then found out that it wasn't?		
66	Have you ever sold any illegal drug(s), including marijuana? If "Yes", explain on back. Include: total profit earned, the substance(s) sold, number of times, and the last time.		
67	Have you ever been involved in the manufacture of any illegal drug?		
68	Have you ever been the "middle man" for a drug deal?		
69	Have you ever illegally purchased any drugs?		
70	Have you ever helped another person illegally purchase any drugs?		
71	If applying for a police officer, would you arrest a friend if you came upon that friend using illegal drugs?		
72	Have you ever been given any illegal drug(s) by someone as a joke?		
73	Have you ever tested positive on an employment related test for illegal drugs?		
	Have you ever used or experimented with any of the following substances even one time? If "Yes", explain on back the number of times and date of the last time.		
74	Marijuana		
75	Hashish, Hash Oil		
76	Cocaine		
77	Methamphetamine (Crank)		
78	Amphetamines (uppers, speed)		
79	Heroin		
80	LSD		
81	PCP (Angel Dust)		
82	Morphine (not under a doctor's prescription)		
83	Steroids (not under a doctor's prescription)		
84	Designer/Synthetic Drugs		
85	Barbiturates (downers) (not under a doctor's prescription)		
86	Hallucinogenic (Magic) Mushrooms		

		Yes	No
87	Opium		
88	Have you any reason to be concerned about an investigation into your military record?		
89	Have you ever been denied enlistment or re-enlistment in the military?		
90	Did you receive a less than honorable discharge from the military?		
91	Have you ever been considered Absent Without Leave or have taken an unauthorized absence?		
92	Were you ever in military confinement?		
93	Did you ever receive a court martial?		
94	Did you receive any type of formal disciplinary action?		
95	Were you ever reduced in grade or rank?		
96	Did you ever use deadly force while in the military?		
97	Have you ever provided false information on a credit or loan application?		
98	Have you ever failed to support any child of yours?		
99	Have you ever been late in making child support payments?		
100	Have you ever filed a false income tax return?		
101	Have you ever filed a false insurance claim?		
102	Have you ever obtained financial gain through dishonest means?		
103	Have you ever obtained unemployment or welfare benefits (including food stamps) when you were not entitled to?		
104	Have you ever had a traffic citation go to warrant?		
105	Are you currently driving without automobile insurance?		
106	Have you ever driven an uninsured vehicle?		
107	Have you ever been placed on probation for a traffic related offense?		
108	Have you ever been involved in a police pursuit?		
109	Have you ever left the scene of a hit and run accident?		
110	Has your driver's license ever been suspended or revoked?		

		Yes	No
111	Did you ever have a traffic citation that did not show on your Idaho DMV printout?		
112	Have you ever caused anyone serious injury by your operation of a motor vehicle?		
113	Have you ever caused the death of anyone by your operation of a motor vehicle?		
114	Are there any jobs that you have declined to list that are asked for on the Employment Application or "Personal History Statement" form?		
115	Have you ever had difficulty with a co-worker, subordinate, or supervisor?		
116	Have you ever had a job related complaint made against you?		
117	Have you ever been in a fight (verbal or physical) with a co-worker, supervisor, teacher, or customer of an organization for whom you were working?		
118	Have you ever been accused of misconduct at a place of employment?		
119	Were you ever fired from any job?		
120	Were you ever asked to resign from any job?		
121	Did you ever resign from a job to avoid being fired?		
122	Have you ever left a job without giving proper notice?		
123	Have you ever been formally disciplined by an employer?		
124	Are there any reasons you could not return to work for any of your former employers?		
125	Have you stolen any money from a place where you worked?		
126	Have you ever borrowed money from an employer and not paid it back?		
127	Have you ever embezzled money from an employer?		
128	Have you ever stolen any merchandise or property from any employer?		
129	Have you ever been accused of sexual harassment? If so, was an investigation conducted?		
130	Have you ever taken a polygraph examination? If so, where, when, why, and by whom?		
131	Have you ever been refused a security clearance?		

		Yes	No
132	Have you ever filed a false claim for worker's compensation?		
133	Have you ever belonged to a subversive or militant group that has advocated the use of violence or other unlawful means to obtain its goals?		
134	Do you have any tattoos? If "Yes", give description and location.		
135	Have you ever used falsified identification or identification other than your own?		
136	Have you ever cheated on a test? Under what circumstances?		
137	Did you omit from your application any employment issues, i.e., additional jobs, terminations, or layoffs?		
138	Have you ever been involved in a hazing incident?		
139	Did you lie about any issues during your pre-employment interview or your oral interview?		
140	Have you ever given any confidential information to any organization or individual that would jeopardize our national security?		
141	Do you currently have any civil actions pending in court?		
142	Have you ever been named or been party to a restraining order?		
143	Have you ever disobeyed a restraining order?		
144	Have you committed any crime not previously mentioned?		
145	Have you ever previously applied to this department for any position? If so, explain the circumstances on the back.		
146	Have you ever applied to another government agency? If "Yes", see page 9.		
147	Have you ever been rejected by this or any other law enforcement agency for any reason? If "Yes", see page 9.		
148	Have you ever worked at this or any other law enforcement agency in any capacity? If "Yes", see page 9.		
149	Have you ever violated any law while associated with members of a street gang?		
150	Have you ever participated in any gang activity?		
151	Have you ever been a member of a gang?		

		Yes	No
152	Have you ever participated in a drive-by shooting of a person, home, or vehicle? If "Yes", what role did you play (driver, shooter, etc.)		
	Those applicants who are now or have previously been Peace Officers, Reserve Peace Officers, or Military Police Officers must answer the following questions. If this section does not apply to you, disregard and go on to the next page.		
153	As a peace officer, have you ever accepted a gratuity?		
154	As a peace officer, have you ever accepted anything for overlooking a violation?		
155	As a peace officer, have you ever made a false official report?		
156	As a peace officer, have you ever used your official position for personal gain?		
157	As a peace officer, have you ever withheld evidence seized in the course of your official duties?		
158	As a peace officer, have you ever had sex while on duty?		
	For the following questions, include dates, agency name(s), case number, where, and the names of other officers to contact. Also include the person(s) in charge of the investigation/complaint.		
159	Have you ever been the subject of an Internal Affairs Investigation?		
160	Have you ever had a citizen's complaint against you?		
161	Have you ever had any disciplinary action(s) taken against you: including suspensions, and written and oral reprimands (including military and reserve officer experience)?		
162	Have you ever been involved in an incident where it was necessary to use deadly force, regardless whether or not any person died? Include military and reserve peace officer experience.		

I am aware that any false statement(s) or omission(s) made on this questionnaire will cause my name to be removed from the eligibility list for the Owyhee County Sheriff's Office. I understand that I am subject to termination if discrepancies are discovered after I have been appointed.

Additionally, I understand that I am to immediately notify my background investigator of any change(s) contained in this questionnaire. Failure to notify the Owyhee County Sheriff's Office of any changes could also be grounds for a disqualification and/or non-selection.

Print Name _____

Date _____

Signature _____