



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

rfahey@co.owyhee.id.us

PO Box 128

Murphy, Idaho 83650

Fax (208) 495-1259

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.

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 ARE YOU WILLING TO WORK? <input type="checkbox"/> DAY SHIFTS <input type="checkbox"/> NIGHT SHIFTS <input type="checkbox"/> ROTATING SHIFTS <input type="checkbox"/> WEEKENDS		DATE YOU ARE AVAILABLE TO START WORK?	
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
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

19. Have you ever knowingly stored or transported illegal drugs, narcotics or other controlled substances for yourself or another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever tried, ingested, experimented or used illegal drugs? This includes as a juvenile or even one (1) experimental use. (Please note answering affirmative to this question does not automatically exclude you from employment. See hiring standards on pp. 14) If yes, explain, what types, how often and date of last occurrence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Do you drink alcohol? If yes, how much and how frequent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have you ever had a drug or alcohol related accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Have you ever been convicted or pled guilty to driving while under the influence of alcohol or drugs, or to lesser charges following a D.U. I. arrest? If yes, list the date of the arrest, the law enforcement agency involved, and the final disposition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have you or your spouse: Ever defaulted on any loan, debt or obligation in the past five years? Ever had your wages attached or garnished? Ever been refused credit? Ever had any collection or repossession action taken against you? Ever filed a petition for bankruptcy? When? Ever had a check bounce or returned for insufficient funds? If yes to any, please explain circumstances on the comment page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Have you ever been involved in any domestic violence? If yes, explain on pp.1 1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Do you have any issues or problems losing your temper or with anger management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Do you have any issues or problems with honesty, reliability, integrity or moral character?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have you ever perjured yourself in a court of law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Would you object to taking a polygraph screening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Would you object to taking a written skills test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Would you object to taking a psychological assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Have you purposely omitted any information from your employment application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HAVE YOU EVER BEEN CHARGED WITH A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY CHARGE(S)	HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY CHARGE(S)
DATE LOCATION	DATE LOCATION
IF MORE SPACE IS NEEDED USE COMMENT PAGE	IF MORE SPACE IS NEEDED USE COMMENT PAGE
NOTE: A CONVICTION MAY NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. THE CIRCUMSTANCES AND FACTS SURROUNDING THE OCCURRENCE(S) AND THE DEGREE OF RELEVANCE TO THE JOB YOU ARE APPLYING FOR WILL BE TAKEN INTO CONSIDERATION.	

COMMENT PAGE

Use this page to provide any additional information you may need in answering the questions listed in this application that require detailed answers. List the corresponding page number and question number next to each answer. Should you need additional space, please attach a white 8 1/2 x 11 sheet of paper to this sheet and use the same format.

[illegible]

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.