



BLAINE COUNTY SHERIFF'S OFFICE

Application for Employment

Read and Follow All Instructions:

- Failure to comply with the instructions may be grounds for application rejection.
- Complete all pages thoroughly and honestly.
- **PRINT LEDGIBLY OR TYPE.**
- Incomplete applications will not be processed.
- Include ALL pages of this document with your application.

Phases of the Hiring Process:

1. TO APPLY for employment you must submit the following fully completed hiring forms:
 - Application for Employment
 - Notarized Personal Inquiry Waiver
 - Cover Letter
 - Copies of all required documents listed on page 5.
2. REVIEW: All submissions will be reviewed for eligibility and completeness.
3. POSITION TESTING: Deputy and Community Service Officer Applicants must pass a written basic skills test and physical readiness test. PRT Test Info is available at: www.blainesherriff.com Central Control applicants must pass a computer skills test.
4. INTERVIEWS: Applicants will be selected for Oral Board and Background Interviews. Finalist candidates will be selected for a Sheriff's Interview.
5. BACKGROUND: All Applicants must pass a thorough background investigation for the desired position.
6. FINALIST TESTING: Finalists for certified deputy positions will receive a Conditional Offer and must pass medical, hearing, sight, and polygraph examinations.
7. OFFER: A formal job offer will be made to those individuals selected for employment.

COMPLETED APPLICATIONS SHOULD BE SENT TO:

The Blaine County Sheriff's Office
Attention: Holly Carter
1650 Aviation Drive
Hailey, Idaho 83333
(208) 788-5536

FY: 2018 Salary and Benefits

Salary Ranges

	<u>Starting</u>	<u>POST Graduation</u>	<u>Lateral DOE</u>
Patrol Deputy:	\$55,660	\$57,345	\$57,345-\$70,000
Detention Deputy:	\$55,660	\$57,345	\$57,345-\$70,000
Control Operator:	\$39,624		
Drivers Services Clerk	\$34,857		

Full Benefits Package

Medical Insurance	Step, Merit/Market Increases Possible
Dental Insurance	PERSI Retirement System
Vision Insurance	11 Paid Holidays; Vacation & Sick Time
Prescriptions Coverage	Payroll Direct Deposit
Life Insurance	Employee Assistance Program
Personal Leave	Pre-Tax Cafeteria Plans
Available PERSI 401K	Supplemental Insurance Available

Mission Statement

The men and women of the Blaine 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 Blaine 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. Positive thinkers, who are adaptable to our organization's needs, will be recognized by the department. 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 Blaine County. With these commitments in place, we will positively impact our profession to the highest degree possible.

Sheriff Steve M. Harkins

HIRING STANDARDS AND MINIMUM QUALIFICATIONS

Applicants must:

1. Be a citizen of the United States.
2. Be a high school graduate or have earned a GED certificate.
3. Possess or be able to possess a valid Idaho State driving license.
4. Must meet the following age requirements:
 - a. Commissioned Deputy (Detention or Patrol) 21 years of age
 - b. Central Control: 19 years of age
 - c. Records Clerk or Drivers Services Clerk: 18 years of age
5. Have a minimum of 2 years of any combination of responsible work experience, military service, education, or any other productive activity.
6. Not have committed five (5) or more moving traffic offenses within the past 3 years.
7. Not have been convicted of any misdemeanor sex crime, crime of deceit, or drug offense. Any criminal probation must already have been served. General misdemeanor convictions are reviewed on a case-by-case basis however:
 - a. **NO** conviction of any misdemeanor within 2 years of application (includes deferred prosecution and withheld judgments). No current pending misdemeanor case.
 - b. **NO** Civil Protection Orders or No Contact Orders served or issued against the applicant within 2 years of application.
 - c. **NO** D.U.I. convictions in the past 3 years (includes withheld judgments).
 - d. **NO** driver's 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
 - e. **NO** conviction for willful concealment or petit theft within 5 years of application.
 - f. **NO** convictions for domestic battery, child abuse, stalking or voyeurism.
 - g. **NO** convictions or commission of a felony as an adult; case-by-case review of juvenile felony convictions.
8. Meet the following drug usage policy: **Failure to disclose past drug usage regardless of meeting these standards will automatically disqualify you for employment.**
 - a. **NO** "soft" illegal drug use in the **past 3 years** – marijuana or synthetic variations such as "spice", psilocybin mushrooms, or illegal use of prescription drugs, etc.
 - b. **NO** "hard" illegal drug use in the **past 5 years** - methamphetamines, LSD, cocaine, heroin, etc.
9. Never received a military dismissal, bad conduct discharge, or dishonorable discharge.
10. Not presently planning to file or undergoing action in bankruptcy court in any state (personal or business). Applicants must wait a period of at least 1 year after a bankruptcy before applying for a position, during which they have demonstrated fiscal responsibility.
11. Applicants must be of good moral character and not have engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession.

APPLICANT ACKNOWLEDGEMENT

By my signature below, I acknowledge that I have read and understand the standards listed above, and that written and physical testing, background investigation, oral board interviews, medical, hearing, sight and a polygraph examinations may be conducted to verify my compliance with all the standards for the position in which I am applying.

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

PERSONAL INFORMATION

FULL NAME FIRST: MIDDLE: LAST:		MARK ALL POSITIONS YOU ARE APPLYING FOR <input type="checkbox"/> DETENTION <input type="checkbox"/> CENTRAL CONTROL <input type="checkbox"/> PATROL <input type="checkbox"/> DRIVERS SERVICES <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 NAMES EVER USED (MAIDEN):	
LIST ALL THE CITIES AND STATES YOU HAVE EVER LIVED IN:			
WORK PHONE#	HOME PHONE#	CELL PHONE#	E-MAIL ADDRESS
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 STATUS REQUIRED</i>)			
HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY BLAINE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN? WHAT POSITION?	
ANY RELATIVES EMPLOYED BY BLAINE 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 AVAILABLE TO 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 <input type="checkbox"/> FACEBOOK <input type="checkbox"/> 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 DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DRIVERS LICENSE# _____
STATE ISSUED _____ EXPIRATION DATE _____ NAMED USED _____
LIST ANY OTHER STATES IN WHICH YOU HAVE BEEN PREVIOUSLY ISSUED A DRIVERS LICENSE.
ARE YOU 21 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED <input type="checkbox"/> YES <input type="checkbox"/> NO?

REQUIRED DOCUMENTATION

Copies of the following documents are required to begin the application process and should be submitted with the application. If you require additional time to request any of these documents from its original source, please reference the specific document missing, the reason and your estimate of the time required to obtain and submit it to BCSO in your cover letter. Do not send original documents as they will not be returned to you. Failure to provide these required items may be grounds for rejection of your application.

SEPARATE RECENT PHOTOGRAPH OF YOURSELF (APPROXIMATE SIZE 2"x3")

VALID DRIVERS LICENSE

SOCIAL SECURITY CARD

BIRTH CERTIFICATE

HIGH SCHOOL DIPLOMA, G.E.D. OR TRANSCRIPTS SHOWING GRADUATION

COLLEGE DIPLOMA (IF APPLICABLE)

FULL CREDIT HISTORY REPORT (AVAILABLE FREE AT "ANNUAL CREDIT REPORT.COM")

SELECTIVE SERVICE REG./MILITARY DD214 Long Form(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)

List Any Missing Documentation and Reason: _____

EDUCATIONAL HISTORY

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

	NAME, ADDRESS, CITY AND STATE OF SCHOOLS ATTENDED	CIRCLE LAST GRADE ATTENDED	YEAR	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	

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

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

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.

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 current contact information for all employers or supervisors.

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

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

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

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

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

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. 14)

1. _____
2. _____
3. _____

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. 14)

1. _____
2. _____
3. _____

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 persons we may contact. References will be contacted. Do not include anyone related to you or previous employers.

Please verify all addresses prior to submission of application.

Name _____ Years Known _____ Cell Phone _____ Occupation _____ Employer _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____
Name _____ Years Known _____ Cell Phone _____ Occupation _____ Employer _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____
Name _____ Years Known _____ Cell Phone _____ Occupation _____ Employer _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____
Name _____ Years Known _____ Cell Phone _____ Occupation _____ Employer _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____
Name _____ Years Known _____ Cell Phone _____ Occupation _____ Employer _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____
Name _____ Years Known _____ Cell Phone _____ Occupation _____ Employer _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____

PERSONAL HISTORY

To be eligible for employment you must successfully pass a background investigation, and meet established standards set by the Blaine County Sheriff's Office and the Idaho Peace Officers Training Academy (POST). Answers to the following questions required to determine your eligibility.

Notarization is required on page 15.

Your answers will be verified through a detailed interview assessment, background investigation, and/or polygraph examination.

It is to your advantage to **BE ABSOLUTELY TRUTHFUL** in answering all questions. Any falsification or omission of information will result in disqualification of your application.

HAVE YOU EVER BEEN **RECEIVED** : INFRACTION MISDEMEANOR FELONY

SELECT ONE: YES NO

CHARGE(S) _____ DISPOSITION _____

DATE _____ LOCATION _____

IF MORE SPACE IS NEEDED USE COMMENT PAGE (P. 14)

HAVE YOU EVER BEEN **CONVICTED** OF A INFRACTION MISDEMEANOR FELONY

SELECT ONE: YES NO

CHARGE(S) _____ DISPOSITION _____

DATE _____ LOCATION _____

IF MORE SPACE IS NEEDED USE COMMENT PAGE (P. 14)

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.

QUESTIONNAIRE

Answer the following questions regardless of whether the incident may have been sealed, expunged, or dismissed. Detailed explanations are required for any YES answers on the COMMENT PAGE (p. 14). **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 on the Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever petitioned any court to seal or expunge a criminal or juvenile record? If yes, explain details on the Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been arrested or convicted of a misdemeanor within 2 years of this application? (Includes deferred prosecution and withheld judgment) If yes, explain full details on the Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever had a Civil Protection Order or No Contact Order served or issued against you? If so, when? Provide full details on the Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. 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
6. Have you ever been the subject of an investigation dealing with the theft? If yes, what was taken, what was the value and when did this occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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
8. 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
9. 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 on Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever been placed on probation or parole? If yes, when, and where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever failed a polygraph examination? If yes, when, where, why, and dates. Answer on Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. 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
13. Have you ever fraudulently misused a credit card or forged a check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have you ever or are you currently involved in a civil lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. 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. If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. 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
17. Have you ever been refused a driver's license by any state? If yes, give the state, date and the circumstances on Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. 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
19. Have you ever illegally purchased, sold or otherwise distributed any drugs, narcotics or other controlled substances? Answer on Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

20. 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
21. 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
22. Have you ever tried, ingested, experimented or used illegal drugs? This includes as a juvenile or even one (1) experimental use. (Note answering yes to this question does not automatically exclude you from employment. Explain what types, how often and date of last occurrence on Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Do you drink alcohol? If yes, how much and how frequent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have you ever had a drug or alcohol related accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. 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
26. 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 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
27. Have you ever been involved in any domestic violence? If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Do you have any issues or problems losing your temper or with anger management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever perjured yourself in a court of law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you purposely omitted any information from your employment application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

Name _____	Years Known _____	
Physical Address _____	Relationship _____	
City _____	State _____	Work Phone _____ Cell Phone _____
Name _____	Years Known _____	
Physical Address _____	Relationship _____	
City _____	State _____	Work Phone _____ Cell Phone _____
Name _____	Years Known _____	
Physical Address _____	Relationship _____	
City _____	State _____	Work Phone _____ Cell Phone _____

EMPLOYMENT HISTORY

Provide detailed explanations for any YES answers on the COMMENT PAGE (p. 14)

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. If you served in military, were you in a combat or military police position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has any supervisor ever reprimanded you for being late or absent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has any supervisor ever reprimanded you for misconduct or not doing your job properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been terminated during the probationary period from any employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been suspended, fired, or asked to resign from any employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever quit a job without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. 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
11. Would contacting your current employer during the background investigation present a problem for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are you able to lift one hundred (100) pounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Statement of Understanding

By signing this document, I am acknowledging I have answered the above questions honestly and accurately. I understand and acknowledge that any discovered falsification, omission, or misrepresentation may result in disqualification from the Blaine County Sheriff's Office hiring process.

I have read the job description and I attest that I am currently able to perform all functions of the position for which I am applying without accommodation. If I require accommodation, I have notified the agency in writing of my specific accommodation.

Print Name _____

Signature _____ **Date** _____

**PERSONAL INQUIRY WAIVER
BLAINE 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 Blaine 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 mental records, including all information of a confidential or privileged nature, and photocopies of same, if possible. If applicable, I also authorize the release of any military service records. Your cooperation in this reply will be used to assist the sheriff's office in determining my qualification and fitness for the position I am seeking with the Blaine 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)

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

(Seal)

Notary Public for the State of _____
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 Blaine County Sheriff's Office

DECLARATION REGARDING DOMESTIC VIOLENCE CONVICTIONS PER 18 USC§ 922 AND THE ABILITY TO CARRY FIREARMS/AMMUNITION

PRINT NAME: _____

AGENCY: Blaine County Sheriff’s Office

Pursuant to the U.S. Supreme Court’s 2009 decision in *U.S. v. Hayes*, any misdemeanor conviction involving the use or attempted use of physical force or threatened use of a deadly weapon on a person in any domestic relationship (including a current or former spouse, cohabitant, parent or child) will disqualify the convicted person from possessing a firearm or ammunition pursuant to 18 U.S.C. § 922(g)(9).

Since there is no law enforcement exemption under the federal law, it is essential that you fully disclose any such conviction regardless of the date. The burden and expense of obtaining legal relief, in any, from such federal restrictions is on you and you must provide certified proof of such relief if obtained.

Have you ever been convicted of a misdemeanor for any use or attempted use of physical force or threatened use of force against any individual with whom you were in a domestic relationship? (i.e. spouse, ex-spouse, cohabitant, parent or child).

_____NO _____YES _____NOT SURE

Have you obtained any form of legal relief (e.g. judicial finding of factual innocence) from this conviction? If so, provide a certified copy of the relief.

_____N/A _____YES _____Date of Relief
_____Issuing Jurisdiction

I hereby certify that I have read this declaration, and to the best of my knowledge, all of the information provided above it true, correct, and complete. I understand that false, misleading, or fraudulent information intentionally provided herein may be the basis for administrative action including termination from employment as well as criminal prosecution punishable pursuant to federal law.

SIGNATURE: _____ DATE: _____

WAR VETERAN'S PREFERENCE

I do not qualify for a 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)

Date Entered Military Service: _____ Date Separated: _____

Branch of Service: _____ Date Upon Separation: _____

(Idaho Code, Title 65, Chapter 5)

MILITARY SERVICE

Detailed explanations are required for any YES answers on the COMMENT PAGE (p. 14)
DO NOT WRITE EXPLANATION ON THIS PAGE.

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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.		
4. If you answered yes to Q2, were you in a combat or military police position? If yes, provide details on Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. 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 the comment page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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 the comment page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Equal Opportunity Employer

The Blaine 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 Blaine County Sheriff's Office complies with the American with Disabilities Act (ADA) and makes reasonable accommodations for disabled persons.