



BLAINE COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

Instructions:

- **Follow all directions carefully; Failure to comply with the instructions may be grounds for rejection of your application.**
- **Complete all pages thoroughly, legibly and accurately.**
- **You may PRINT OR TYPE.**
- **Incomplete or illegible applications will not be processed.**
- **Include pages 1-2 of this document with your application.**

Phases of the Hiring Process:

1. To apply for employment you must submit two fully completed hiring forms: The Application for Employment and the Personal History Questionnaire. Your application submission should also include a cover letter, resume and copies of the required documents listed on page 4.
2. Applications submitted will be processed and reviewed for eligibility and completeness.
3. Deputy and Central Control applicants must pass a written test and a thorough background investigation for the desired position. Deputy applicants must also pass a physical test.
4. Qualified applicants will receive Oral Board and Background Interviews.
5. Finalist candidates will receive a Sheriff's Interview.
6. A Conditional Offer of Employment will be offered to deputy candidates who have passed the above phases.
7. Finalist candidate for deputy positions are required to successfully pass a Polygraph examination. Central Control candidates are not required to take a Polygraph.
8. 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

Blaine County Sheriff's Office
FY: 2012 Salary and Benefits

Salary Ranges

Patrol Deputy: \$40,393-\$58,000

Jail Deputy: \$36,400-\$57,000

Central Control: \$31,220

Full Benefits Package

Medical Insurance
Dental Insurance
Prescriptions
Vision Insurance
Life Insurance
Personal Leave
Sick Leave
Employee Assistance
Payroll Direct Deposit
Pre-Tax Medical or Daycare Cafeteria Plans
PERSI Retirement System
Paid Holiday, Vacation, Sick Time
Supplemental Insurance Available
Available 401K with matching funds
Available 457B with matching funds

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 Gene D. Ramsey

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? 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 _____

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.

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 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)

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	

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'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
FULL MAILING ADDRESS		MO/YR	MO/YR
		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.	

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. _____

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.

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

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

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. 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. If you answered yes to Q2, were you in a combat or military police position? If yes, list which on Comment Page (pp.11).	[] Yes	[] 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.	[] Yes	[] 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 (pp. 11).	[] Yes	[] 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 (pp. 11).	[] Yes	[] 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.

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

PRINT NAME: _____

AGENCY: _____

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 form, and to the best of my knowledge, all of the information provided above is 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: _____