



# **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 completeness. Questionnaires inquiring about the applicant's character and personal history will be sent to the applicant's references.
3. Each deputy applicant must pass the appropriate written test for the desired position and a thorough background investigation.
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 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: 2009 Salary and Benefits**

**Salary Ranges**

**Patrol Deputy: \$40,000-\$53,000**

**Jail Deputy: \$35,000-\$47,000**

**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 J. Walt Femling**

## PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		<b>POSITION(S) APPLIED FOR:</b> <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?		<b>LIST ANY OTHER NAMES EVER USED</b> (INCLUDING MAIDEN NAME):	
<b>LIST ALL THE CITIES AND STATES YOU HAVE EVER LIVED IN:</b>			
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 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 YOU ARE AVAILABLE TO START WORK?	
<b>ARE YOU WILLING TO WORK?</b> <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"/> 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?  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 (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
<b>HIGH SCHOOL</b>		9 10 11 12	<b>FROM</b> <b>TO</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> G.E.D.	
<b>COLLEGE</b>		1 2 3 4 <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	<b>FROM</b> <b>TO</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>COLLEGE</b>		1 2 3 4 <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	<b>FROM</b> <b>TO</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>OTHER</b>		SPECIFY	<b>FROM</b> <b>TO</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>OTHER</b>		SPECIFY	<b>FROM</b> <b>TO</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

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

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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.

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## 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 person we may contact. Each reference will be sent a questionnaire inquiring about your character. 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. _____ <b>Full Mailing Address</b> _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____
Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ <b>Full Mailing Address</b> _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____
Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ <b>Full Mailing Address</b> _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____
Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ <b>Full Mailing Address</b> _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____
Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ <b>Full Mailing Address</b> _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____
Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ <b>Full Mailing Address</b> _____ 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. 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 the comment page (pp. 11).	[ ] 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 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.

