

**PAYETTE COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION**

***Online E-APPLICATION Form
Instructions***

1. *Before typing data into the highlighted fields, save the PDF Application by clicking on File/SaveAs/PDF and rename document as "LastName-FirstInitial". When you submit your application, this will identify your application among all the applicants applying for the position. Save this document on your hard drive or thumb drive in case you need to resubmit the application.*
2. *Type your information in the highlighted fields.*
3. *Make sure you review & save the Application (File/Save) before you attempt to email the Application. Due to the length of the Application, you may want to save as you go, i.e. save after each section or after entering a few pages of data to avoid having to reenter data.*
4. *Scan a copy of all required documents listed on the cover letter below. You may insert these copies into the back of the PDF file or attached the e-documents separately along with your application email.*
5. *Please submit application w/required documents via email to thauntz@payettecounty.org. Type "Job Application" in the subject line.*
6. *Upon receiving your application, Captain Hauntz will send you an email receipt notification.*

If you have any questions or need further assistance, please contact Captain Hauntz at 208-642-6006 extension 1145 or Robin Elson extension 1146.

PAYETTE COUNTY SHERIFF'S OFFICE



APPLICATION PACKET

OFFICE OF THE PAYETTE COUNTY

SHERIFF



Sheriff Charles "Chad" Huff

*Excellence in Professionalism, Integrity, and
Dedicated Service to our Community*

1130 3rd Ave North, Room 101
Payette, ID 83661
(208) 642-6006
(208) 642-0698 fax

Dear Sir or Madam.

Thank you for showing an interest in applying to work for the Payette County Sheriff's Office. Enclosed you will find a job application and physical fitness minimums. Hopefully, the requirements and/or information below will answer any questions you may have in regards to the application process.

1. Fill out the application in its entirety. Complete all pages thoroughly, legibly and accurately. **Incomplete applications will not be processed.**
2. Make sure you check the applicable authorization box and acknowledgement of your electronic signature on all required documents, i.e., Hiring Standards and Disqualifications; Applicant Employment Waiver; Personal Inquiry Waiver; Applicant Statement
3. You will be subjected to an extensive background investigation.
4. You must obtain an 80% on the written exam and pass the minimum requirements of the physical fitness test if you are applying for Patrol or Detention.
5. You may be required to submit and pass a drug screen.
6. Selected applicants will be subject to an oral board interviews.
7. Applicant selected for employment will be required to pass a polygraph examination.

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
High School Diploma, G.E.D., or Graduation Transcripts
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)

If you have any questions related to the application process, please contact Captain Hauntz at 642-6006 ext 1145.

Payette County Sheriff's Office Mission Statement

Entrusted by the citizens of Payette County, our mission is to provide excellent service and protection through leadership and partnership with the community we serve.

Committed Values

- * We will uphold the U.S. Constitution, Idaho State Constitution, and the laws of the State of Idaho.
- * We will always be diligent and calm in the face of danger, dedicated to enhancing the safety of our community.
- * We will be professionals who strive to be trustworthy and will demonstrate positive values and behavior.
- * We will seek opportunities for continued education and training to ensure our level of service is achievable.
- * We will be attentive, compassionate, and courteous to each and every citizen we are called upon to serve.
- * We are committed to providing a drug and crime free community.

Sheriff Charles "Chad" A. Huff

Employment Benefits

Insurance – Life, Health, Dental, & Optical
Paid Holidays; Vacation; Sick Leave
PERSI Retirement System
Deferred Compensation Program
Available Supplemental Insurance

Employment Disqualifications

To be considered for employment with the Payette County Sheriff's Office, it is required that applicants meet standards regarding abstention from illegal activity. Certain behaviors may disqualify an applicant from consideration for employment. Refer to the "Hiring Standards and Disqualifications" document for specific guidelines. Background screening of applicants includes a polygraph examination regarding issues that may disqualify an applicant.

Employment Application Guidelines

It is essential the information be accurate in all respects. It is the applicant's responsibility to obtain and provide the requested information.

1. All information should be typed or printed legibly in ink.
2. If a question is not applicable to you, enter N/A in the space provided.
3. If there is insufficient space on the form to include all information required, please utilize the "Comment Page" provided within this application packet. Be sure to reference the relevant section before continuing your answers.
4. If you are not sure of an address, check it by personal verification.
5. Avoid errors by reading the direction carefully before making any entries on the form.
6. Deliberate omissions or falsifications may result in disqualification.

HIRING STANDARDS AND DISQUALIFICATIONS

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: 19 years of age for Dispatcher; 18 years of age for Support Staff.

Disqualification Conditions

Criminal History

- Convictions, withheld judgment or commission of a felony as an adult;
- Convictions or withheld judgment of domestic battery, child abuse, stalking or voyeurism.
- DUI convictions, suspension, or withheld judgment in the past two (2) years;
- No driver's license suspensions in the past three (3) years for violations relating to DUI, chemical test refusal or points assessed due to moving traffic violations;
- No record of habitual traffic violations (five or more) during the three (3) years immediately preceding application.

Consideration: Case-by-case review of juvenile felony convictions and general misdemeanor convictions except for convictions of domestic battery, child abuse, stalking or voyeurism. Any criminal probation must already have been served.

Drug Usage

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

- Any usage, experimentation, or ingestion in any way of "soft" illegal drugs in the past three (3) years – marijuana, illegal use of prescriptions drugs, etc.
- Any usage, experimentation, or ingestion in any way of "hard" illegal drugs in the past three (7) years – methamphetamines, LSD, cocaine, heroin, etc.
- Sale of any illegal drug for profit, ever.

Military – any dishonorable discharges from any U.S. military force.

APPLICANT ACKNOWLEDGEMENT

By my e-signature below, I acknowledge that I have read and understand the standards listed above. A written skills test, typing 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.

Type Full Name _____

Check this box in acknowledgement of submitting your electronic signature

Date: _____



PAYETTE COUNTY SHERIFF'S OFFICE PHYSICAL FITNESS

The following information is provided by Idaho P.O.S.T. Academy. These guidelines are utilized to determine physical fitness eligibility for applicable positions of employment. **Performance below the level required for 10 points in any event will disqualify job applicant.**

PHYSICAL FITNESS TEST BATTERY

POST PHYSICAL FITNESS TEST BATTERY SCORING

Each of the five PFTB tests measures a different component of physical fitness, each of which is one determinant of an officer's ability to perform essential job tasks. To pass the PFTB, a participant must score a minimum of 10 points on *each* of the five PFTB tests. Performance below the level required for 10 points in any event is substandard and results in failure of the PFTB. Twenty points is the maximum possible for each test, a total of 100 being the highest possible PFTB score.

<u>Fitness Category</u>	<u>POINTS</u>	<u>Vert. Jump (inches)</u>	<u>1-Min. Sit-ups (reps.)</u>	<u>Pushups (reps.)</u>	<u>300 Meter (seconds)</u>	<u>1.5 Mile (min:sec)</u>
	20	21.5 +	55 +	62 +	48.0 -	9:57 -
Excellent	19	20.5 - 21.0	51 - 54	56 - 61	48.1 - 51.0	9:58 - 10:50
	18	19.5 - 20.0	47 - 50	50 - 55	51.1 - 54.0	10:51 - 11:43
	17	18.5 - 19.0	43 - 46	44 - 49	54.1 - 57.0	11:44 - 12:36
Good	16	17.5 - 18.0	39 - 42	38 - 43	57.1 - 59.0	12:37 - 13:29
	15	16.5 - 17.0	35 - 38	32 - 37	59.1 - 62.0	13:30 - 14:20
	14	16.0	31 - 34	30 - 31	62.1 - 65.0	14:21 - 14:56
Average	13	15.5	27 - 30	28 - 29	65.1 - 68.0	14:57 - 15:32
	12	15.0	23 - 26	26 - 27	68.1 - 71.0	15:33 - 16:08
	11	14.5	19 - 22	23 - 25	71.1 - 74.0	16:09 - 16:43
Below Ave.	10	14.0	15 - 18	21 - 22	74.1 - 77.0	16:44 - 17:17
	0	< 14.0	< 15	< 21	> 77.0	> 17:17
Minimum Acceptable Substandard	0	< 14.0	< 15	< 21	> 77.0	> 17:17

APPLICANT EMPLOYMENT WAIVER
Read Carefully and Sign Below

By my e-signature below, I certify 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 selected for employment with the Payette County Sheriff's Office, 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 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 is a sworn Deputy Sheriff, regardless of the position, and is therefore required by Idaho law to subscribe to the duties of the 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 the Payette County Sheriff's Office is a seven (7) day a week, twenty-four (24) hour a day operation. I understand that depending on my position, I may be subject to work any shift (day, swing, night or grave) and be assigned any two or three consecutive off days.

I understand the acceptance of an offer of employment does not create a contractual obligation upon Payette 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 of one year and the provisions of the Payette County Code.

Type Full Name _____

Check this box in acknowledgement of submitting your electronic signature

Date: _____

PERSONAL INQUIRY WAIVER

Payette County Sheriff's Office Authorization to Release Information

THIS FORM MUST HAVE THE E-SIGNATURE ACKNOWLEDGMENT SIGNED

To Whom It May Concern:

I respectfully request and authorize you to furnish the Payette 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 and reports, 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 Payette 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.

Type Applicant Name: _____

Check this box in acknowledgement of submitting your electronic signature.

Date of Birth: _____ Social Security #: _____ Date: _____

MILITARY RECORDS RELEASE:

I hereby authorize the release of my military service records (including medical, physical, and mental records and reports) to the Payette County Sheriff's Office.

Type Applicant Name: _____

Check this box in acknowledgement of submitting your electronic signature.

Date: _____

Type Full Name _____

Check this box in acknowledgement of submitting your electronic signature.

I give my permission to release personal information for employment purposes only.

Date: _____

A photocopy of this request shall be, for all intent and purposes, as valid as the original. The original is on file at the Payette County Sheriff's Office.



PAYETTE COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

Position(s) Applied For:

Patrol
 Detention
 Dispatch
 Other: _____

A. PERSONAL INFORMATION

1. Applicant's Full Name (Last, First & Middle)			
2. Physical Address (Street, City, State, Zip)			
3. Mailing Address, if different from your physical address (PO Box or Street, City, State, Zip)			
4. Home Phone #		5. Cell Phone #	
6. Work Phone #			
7. Date of Birth	8. Age	9. Social Security #	10. Email Address
11. Height	12. Weight	13. List any other states where you have lived.	
14. Place of Birth		15. List any other names you have ever used including maiden name (if applicable) and nicknames.	
16. Sex:	17. Hair Color:	18. Eye Color:	19. Veteran? ____ Yes ____ No
20. List any scars, tattoos, or other distinguishing marks.			
21. Do you have a valid vehicle operator's license? ____ Yes ____ No Driver's License # _____			
State issued: _____ Expiration date: _____ Named used: _____			
22. Are you a citizen of the United States? ____ Yes ____ No If No, do you have valid documentation which authorizes you to work in the United States? ____ Yes ____ No (<i>Proof of U.S. citizenship or immigration status will be required upon employment.</i>)			
" 23. Have you ever applied for a permit to carry a concealed weapon? ____ Yes ____ No If yes, please provide the following information.			
" Permit granted? ____ Yes ____ No Name of law enforcement agency you applied to _____			
24. Type of work you are seeking? ____ Full-Time ____ Part-Time Date you are available to start work? _____			
Are you willing to work? ____ Day Shifts ____ Night shifts ____ Rotating Shifts ____ Weekends			
25. Have you ever been previously employed by Payette County? ____ Yes ____ No If Yes, when? _____			
What position? _____			
26. Any relatives employed by Payette County Sheriff's Office? ____ Yes ____ No If Yes, what position? _____			

B. CHARACTER REFERENCES

During this course of the background investigation, persons will be asked to comment on your suitability for the position for which you have applied. It is imperative that both work and home addresses, phone number with area codes are entered.

1. **Father's Name** _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

2. **Mother's Name** _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

3. **Father-in-law Name** _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

4. **Mother-in-law Name** _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

5. **Spouse Name** _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

6. **Former Spouse Name** _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

7. **Brother or Sister Name** _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

8. **Brother or Sister Name** _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

9. **Brother or Sister Name** _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

B. CHARACTER REFERENCES - continued

10. Step-Father Name _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

11. Step-Mother's Name _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

12. Step-Brother or Sister Name _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

13. Step-Brother or Sister Name _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

14. Step-Brother or Sister Name _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

List other family/relatives who you have a close, personal relationship, including children over 18yrs old.

15. Name _____ Relationship _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

16. Name _____ Relationship _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

17. Name _____ Relationship _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

18. Name _____ Relationship _____

Full Mailing Address _____ Home Phone _____

City _____ State _____ Zip Code _____ Work Phone _____

B. CHARACTER REFERENCES – continued

List individuals with whom you have resided with during the last 10 years, excluding family members.

19. Name _____	Relationship _____
Full Mailing Address _____	Home Phone _____
City _____ State _____ Zip Code _____	Work Phone _____
20. Name _____	Relationship _____
Full Mailing Address _____	Home Phone _____
City _____ State _____ Zip Code _____	Work Phone _____
21. Name _____	Relationship _____
Full Mailing Address _____	Home Phone _____
City _____ State _____ Zip Code _____	Work Phone _____
22. Name _____	Relationship _____
Full Mailing Address _____	Home Phone _____
City _____ State _____ Zip Code _____	Work Phone _____

C. RESIDENCE INFORMATION

List all residences during the last ten (10) years, beginning with your current residence.

1. Physical Address _____	Dates From & To _____
City _____ State _____ Zip Code _____	
If rented, give name & address of person who collected the rent _____	
2. Physical Address _____	Dates From & To _____
City _____ State _____ Zip Code _____	
If rented, give name & address of person who collected the rent _____	
3. Physical Address _____	Dates From & To _____
City _____ State _____ Zip Code _____	
If rented, give name & address of person who collected the rent _____	
4. Physical Address _____	Dates From & To _____
City _____ State _____ Zip Code _____	
If rented, give name & address of person who collected the rent _____	

C. RESIDENCE INFORMATION - continued

5. **Physical Address** _____ Dates From & To _____

City _____ State _____ Zip Code _____

If rented, give name & address of person who collected the rent _____

6. **Physical Address** _____ Dates From & To _____

City _____ State _____ Zip Code _____

If rented, give name & address of person who collected the rent _____

D. PERSONAL REFERENCES

Provide full and correct mailing address and contact information for at least five (5) personal references that you have known for five (5) years. List only persons 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.

1. Mr. __ Ms. __ Name _____ Relationship _____

Occupation _____ Place of Employment _____ Years Known _____

Full Mailing Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Home Phone _____

2. Mr. __ Ms. __ Name _____ Relationship _____

Occupation _____ Place of Employment _____ Years Known _____

Full Mailing Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Home Phone _____

3. Mr. __ Ms. __ Name _____ Relationship _____

Occupation _____ Place of Employment _____ Years Known _____

Full Mailing Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Home Phone _____

4. Mr. __ Ms. __ Name _____ Relationship _____

Occupation _____ Place of Employment _____ Years Known _____

Full Mailing Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Home Phone _____

5. Mr. __ Ms. __ Name _____ Relationship _____

Occupation _____ Place of Employment _____ Years Known _____

Full Mailing Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Home Phone _____

E. EDUCATION

Please enclose copies of all certificates

1. High School Diploma: ____ Yes ____ No 3. General Educational Development (G.E.D.) ____ Yes ____ No

2. College Degree: ____ Yes ____ No 4. High School Proficiency Examination ____ Yes ____ No

5. Please indicate below high schools, colleges you have attended. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School City, State	Dates Attended From and To	Year Graduated
----------------	-----------------------------------	-------------------------------	-------------------

6. Have you ever been suspended or expelled from any high school, college, university, graduate school, business or vocational school? ____ Yes ____ No If Yes, please explain:

7. List any additional specialized education and/or courses you have completed

8. Can you operate a computer? ____ Yes ____ No If Yes, list type of computer equipment & software programs and experience level you have.

F. EMPLOYMENT HISTORY

Beginning with your most current employment, please list all jobs including part-time, temporary, and voluntary positions you have held in the past ten (10) years.

1. Employer's Name		From: Mo/Yr	To: Mo/Yr
Full Mailing Address		Your Title/Position:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Supervisor's Name: Phone #:	Duties (be specific)	
Specific Reason for Leaving:			

2. Employer's Name		From: Mo/Yr	To: Mo/Yr
Full Mailing Address		Your Title/Position:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Supervisor's Name: Phone #:	Duties (be specific)	
Specific Reason for Leaving:			

3. Employer's Name		From: Mo/Yr	To: Mo/Yr
Full Mailing Address		Your Title/Position:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Supervisor's Name: Phone #:	Duties (be specific)	
Specific Reason for Leaving:			

F. EMPLOYMENT HISTORY – continued

4. Employer's Name		From: Mo/Yr	To: Mo/Yr
Full Mailing Address		Your Title/Position:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Supervisor's Name: Phone #:	Duties (be specific)	
Specific Reason for Leaving:			

5. Employer's Name		From: Mo/Yr	To: Mo/Yr
Full Mailing Address		Your Title/Position:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Supervisor's Name: Phone #:	Duties (be specific)	
Specific Reason for Leaving:			

6. Employer's Name		From: Mo/Yr	To: Mo/Yr
Full Mailing Address		Your Title/Position:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Supervisor's Name: Phone #:	Duties (be specific)	
Specific Reason for Leaving:			

F. EMPLOYMENT HISTORY – continued

7. Employer's Name		From: Mo/Yr	To: Mo/Yr
Full Mailing Address		Your Title/Position:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Supervisor's Name: Phone #:	Duties (be specific)	
Specific Reason for Leaving:			

8. Employer's Name		From: Mo/Yr	To: Mo/Yr
Full Mailing Address		Your Title/Position:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Supervisor's Name: Phone #:	Duties (be specific)	
Specific Reason for Leaving:			

9. Employer's Name		From: Mo/Yr	To: Mo/Yr
Full Mailing Address		Your Title/Position:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Voluntary	Supervisor's Name: Phone #:	Duties (be specific)	
Specific Reason for Leaving:			

G. EXPERIENCE & EMPLOYMENT QUESTIONS

If any answer to the following questions is “yes,” please write details on the Comment Page provided. Make sure to list the section and question number for each explanation. **DO NOT TYPE EXPLANATION ON THIS PAGE.**

1. Would any problem result if your present employer were contacted during the course of the background investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever filed a false claim for worker’s compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been fired or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been an unsuccessful candidate for any position requiring peace officer powers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever worked for any law enforcement agency in any capacity? If yes, list agency name, employment dates, job title and status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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
7. Has any supervisor ever reprimanded you for being late or absent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has any supervisor ever reprimanded you for misconduct or not doing your job properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been terminated during the probationary period from any employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been suspended, fired, or asked to resign from any employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever quit a job without giving proper notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever been rejected for employment for any reason by any law enforcement agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

H. MOTOR VEHICLE

1. List any other states in which you have been previously issued a driver's license.

State issued _____ Expiration date: _____ Name used _____

State issued _____ Expiration date: _____ Name used _____

State issued _____ Expiration date: _____ Name used _____

2. Current liability insurance you have on your motor vehicles

Company Name	Address	Policy #	Expiration Date
--------------	---------	----------	-----------------

Company Name	Address	Policy #	Expiration Date
--------------	---------	----------	-----------------

3. Please list all traffic citations, excluding parking citations, you have received within the last seven (7) years.

Nature of Violation	City	Date	Fine or Action Taken
---------------------	------	------	----------------------

Nature of Violation	City	Date	Fine or Action Taken
---------------------	------	------	----------------------

Nature of Violation	City	Date	Fine or Action Taken
---------------------	------	------	----------------------

Nature of Violation	City	Date	Fine or Action Taken
---------------------	------	------	----------------------

4. Has your license ever been suspended, revoked, placed on negligent operators' probation or have you ever received a warning notice from the state who issued your license? ___ Yes ___ No If yes, please give details.

5. Have you ever been refused a driver's license by any state? ___ Yes ___ No If yes, please list the state, date and the circumstances.

6. Have you ever been refused insurance for any reason other than failure to pay a premium? ___ Yes ___ No If yes, please explain, and include company name, address, and reason.

H. MOTOR VEHICLE - continued

7. Have you ever been involved as a driver in a motor vehicle accident within the last seven (7) years?
 __Yes__ No If yes, please give details of each accident in the space below.

Date:	Location	Injury: _____ Yes _____ No
Police investigation? _____ Yes _____ No		Police Agency Name:
Accident Details:		

Date:	Location	Injury: _____ Yes _____ No
Police investigation? _____ Yes _____ No		Police Agency Name:
Accident Details:		

Date:	Location	Injury: _____ Yes _____ No
Police investigation? _____ Yes _____ No		Police Agency Name:
Accident Details:		

Date:	Location	Injury: _____ Yes _____ No
Police investigation? _____ Yes _____ No		Police Agency Name:
Accident Details:		

I. FINANCIAL STATUS

The management of personal finances is relevant to an individual's qualifications for a position in law enforcement. Therefore, please fill in the financial statement below. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

1. Currently Monthly Income

Monthly salary \$ _____
 Spouse salary \$ _____

Other monthly income. Describe.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Monthly Income: \$ _____

2. Current Monthly Expenditures

Real estate mortgage payments \$ _____
 Rent \$ _____

Other monthly payments. Describe.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Monthly Expenses: \$ _____

If any answer to the following questions is "yes," please write details on the Comment Page provided. Make sure to list the section and question number for each explanation. **DO NOT TYPE EXPLANATION ON THIS PAGE.**

3. Have any of your bills ever been turned over to a collection agency?	_____ Yes _____ No
4. Have you ever had purchased goods repossessed?	_____ Yes _____ No
5. Have your wages ever been garnished?	_____ Yes _____ No
6. Have you ever been delinquent on income or other tax payments?	_____ Yes _____ No
7. Have you ever defaulted on any loan, debt or obligation?	_____ Yes _____ No
8. Are you currently delinquent on any financial obligation?	_____ Yes _____ No
9. Have you ever been refused credit?	_____ Yes _____ No
10. Have you ever had a check bounce or returned for insufficient funds?	_____ Yes _____ No

J. PERSONAL CONDUCT

Failure to respond truthfully to any questions below may be grounds for disqualification for certification as an officer. Do you understand this? _____ **YES** _____ **NO** Please initial _____.

Answer the following questions regardless of whether the incident may have been sealed, expunged, or dismissed. You must list any and all misdemeanors, felonies and withheld judgments (regardless of how long ago they occurred) including but not limited to; forfeiture of bail, payment of fine, plea of guilty, nolo contendere, or a finding of guilt regardless of whether the imposition of sentence is deferred, withheld or the penalty suspended.

Please note, a conviction may not necessarily disqualify you from employment. The circumstance and facts surrounding the occurrence(s) and the degree of relevance to the job you are applying for will be taken into consideration.

If any answer to the following questions is “yes,” please write details on the Comment Page provided. Make sure to list the section and question number for each explanation. **DO NOT TYPE EXPLANATION ON THIS PAGE.**

1. Have you ever been charged with a crime? If yes, indicate the charge, whether it was misdemeanor or felony, date and location.	_____ Yes _____ No
2. Have you ever been convicted of a crime? If yes, indicate the charge, whether it was misdemeanor or felony, date and location.	_____ Yes _____ No
3. Have you ever been involved and/or convicted of a misdemeanor or felony crime of domestic violence?	_____ Yes _____ No
4. 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, law enforcement agency, type of offense and disposition of charge.	_____ Yes _____ No
5. Have you ever petitioned any court to seal or expunge a criminal or juvenile record?	_____ Yes _____ No
6. Have you ever been involved in or arrested for any crime of unlawful sexual conduct, stalking or employing physical violence of any kind?	_____ Yes _____ No
7. 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 it occur?	_____ Yes _____ No
8. Have you ever purchased any item(s) that you knew or suspected was stolen? If yes, list item, quantity, value and date of purchase.	_____ Yes _____ No
9. Have you ever had a criminal warrant or a traffic warrant issued for your arrest? If yes, give date the warrant was issued, what type of offense, and date cleared.	_____ Yes _____ No
10. 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?	_____ Yes _____ No
11. Have you ever been placed on probation or parole? If yes, when and where?	_____ Yes _____ No
12. Have you ever failed a polygraph examination? If yes, when, where, why and dates.	_____ Yes _____ No
13. Have you ever falsified an insurance claim, income tax return or collected unemployment and/or welfare benefits that you were not entitled to?	_____ Yes _____ No

J. PERSONAL CONDUCT – continued

14. Since you turned 18 years of age, have you ever knowingly had sex with someone under the age of 18 years of age?	_____ Yes _____ No
15. Have you ever fraudulently misused a credit card or forged a check?	_____ Yes _____ No
16. Have you ever or are you currently involved as a plaintiff or defendant in any civil court action?	_____ Yes _____ No
17. Have you ever been under the care of a psychiatrist?	_____ Yes _____ No
18. Do you have any issues or problems losing your temper or with anger management?	_____ Yes _____ No
19. Do you have any issues or problems with honesty, reliability, integrity or moral character?	_____ Yes _____ No
20. Have you ever perjured yourself in a court of law?	_____ Yes _____ No
21. Would you object to taking a polygraph screening?	_____ Yes _____ No
22. Would you object to taking a written skills test?	_____ Yes _____ No
23. Would you object to taking a psychological assessment?	_____ Yes _____ No

K. DRUG/ALCOHOL USE

Failure to respond truthfully to any questions below may be grounds for disqualification for certification as an officer. Do you understand this? _____ YES _____ NO Please initial _____.

If any answer to the following questions is “yes,” please write details on the Comment Page provided unless otherwise instructed.

1. Have you ever possessed any drugs, narcotics or other controlled substances other than those prescribed by a doctor or other licensed medical practitioner?	_____ Yes _____ No
2. Have you ever illegally purchased, sold or otherwise distributed any drugs, narcotics or other controlled substances?	_____ Yes _____ No
3. Have you ever been involved in the manufacture, cultivation or production of any drug, narcotics, or controlled substance?	_____ Yes _____ No
4. Have you ever knowingly stored or acted as a courier to transport any illegal drugs, narcotics or other controlled substances for yourself or another person?	_____ Yes _____ No
5. Have you ever acted as a middleman, go-between, or “done a favor for a friend” by becoming involved in an illegal drug transaction?	_____ Yes _____ No
6. To your knowledge, do any of your present circle of friends and/or acquaintances use any type of illegal drugs, narcotics, or pills?	_____ Yes _____ No
7. Have you or anyone else ever injected an illegal drug into your body?	_____ Yes _____ No

K. DRUG/ALCOHOL USE - continued

8. Do you drink alcohol? If yes, answer the following:					_____ Yes _____ No
<u>Frequency</u>	Every Day	Weekly	Monthly	Yearly	
How much?					
9. Have you ever had a drug or alcohol related accident?					_____ Yes _____ No
10. Have you ever been convicted or pled guilty to driving while under the influence of alcohol or drugs or to lesser charges following a DUI arrest? If yes, list the date of the arrest, law enforcement agency involved, and the final disposition.					_____ Yes _____ No
11. Have you ever tried, ingested, experimented or used illegal drugs, narcotics or controlled substance? This includes as a juvenile or even one (1) experimental use. If yes, fill out the chart below.					_____ Yes _____ No

In the space provided, indicate when you first experimented with any of the substances, the first use, and the approximate number of times used. If you have never used or experimented with any of the substances listed, please check "Never Used."

Type of Drug	Date First Used	Date Last Used	Times Used	Never Used
Marijuana				
Hashish/Hash Oil				
PCP/Angel Dust				
LSD/Other Hallucinogen				
Mescaline				
Magic Mushrooms				
Heroin				
Cocaine/Crack				
Quaaludes				
Opium				
Speed/Crystal Crosstosps				
Methamphetamine				
Methadone				
Uppers				
Downers				
Thai Sticks				
Ice				
Steroids				

12. List any other illegal drug, narcotic or controlled substance not listed above that you have ingested.

L. MILITARY SERVICE

The Payette County Sheriff's Office is an equal opportunity employer. It is our policy to hire and promote persons without regard to race, religion, national origin or physical disability (except where physical requirements constitute a bona fide occupational qualification). The Payette County Sheriff's Office complies with the Americans with Disabilities Act (ADA) and makes reasonable accommodations for disabled persons.

If any answer to the following questions is "yes," please write details on the Comment Page provided. Make sure to list the section and question number for each explanation. **DO NOT TYPE 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, please list which branch and date.	_____ Yes _____ No
2. 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.	_____ Yes _____ No
3. 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 circumstances and details.	_____ Yes _____ No
4. Have you ever been subject to court martial, tried on charges or subject of an Article 15, company punishment, or any judicial or non-judicial disciplinary action while a member of any branch of the Armed Forces? If yes, fully explain all the circumstances and details.	_____ Yes _____ No
5. Are you currently participating in any military reserve of National Guard program?	_____ Yes _____ No

6. Have you ever served in any branch of the United States Armed Forces, National Guard or military reserves?
 _____ Yes _____ No If yes, please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge
Branch of Service	Service Number	Dates of Service	Type of Discharge
Branch of Service	Service Number	Dates of Service	Type of Discharge

7. Please list current and past draft classifications in chronological order, beginning with the most recent.

L. MILITARY SERVICE - continued

8. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information.

Name	Contact Address	Telephone	Years Known

M. VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to next section.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. 2108)

The term "**active duty**" means full-time duty in the Armed Forces, but NOT active duty for training.

Part 1. Preference Eligible Veterans:

- I served on active duty at any time from 12-7-41 and ending 7-1-55.
- I served on active duty for 180 consecutive days, any part of which occurred after 1-31-55 and before 10-15-76.
- I served on active duty at any time from 8-2-90 and ending 1-2-92.
- I served on active duty for a period of more than 180 consecutive days, any part of which occurred during the period beginning on 9-11-01 and ending when prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom.
- I have been awarded an Armed Forces Expeditionary Medal (AFEM). All AFEM recipients, whether listed here or not, qualify for veteran's preference and must be shown on your DD-214 form. Examples of some of the most common campaign medals are: Vietnam (Service Medal), El Salvador, Lebanon, Granada, Panama, Bosnia, Kosovo, Afghanistan, Southwest Asia (Persian Gulf), Somalia, and Haiti. (Award of the National Defense Service medal does not qualify.) For a listing of Wars, Campaigns, and Expeditions of the Armed Forces which qualify for veteran's preference, go to www.opm.gov/veterans/html/vgmedal2.htm.
- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the Armed Forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

M. VETERAN'S PREFERENCE - continued

Part 2. Documentation & Signature:

By my signature, I certify that all statements in this section are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

- I have never received veteran's preference by any State of Idaho agency. (If you have received an initial appointment claiming veteran's preference, you are not eligible for preference.)
- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.
- Check this box in acknowledgement of submitting your electronic signature

Type Applicant's Name

Date



PAYETTE COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT

I attest that there are no misrepresentations, omissions, or falsifications to the foregoing statements and answers within the entirety of this application for employment. The entries made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand any misstatements of material facts will subject me to disqualification or dismissal.

Type Applicant's Name

Check this box in acknowledgement of submitting your electronic signature

Date