



Sheriff
**Ryan
 Zollman**

Adams County Sheriff's Office

201 Industrial Ave. Council, Idaho 83612
 Phone: (208)253-4227 Fax: (208)253-1141
 Jail/Dispatch Fax: (208) 253-4370



Undersheriff
**Christopher
 Green**

LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

Date: _____

A. INSTRUCTIONS

Application must be typewritten or **printed legibly** in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

B. POSITION APPLYING FOR

Job Title: _____

Are you applying for:
 F/T P/T Temp/Seasonal
 Reserve/Volunteer

What shifts will you work?
 Days Nights Any

NOTICE: During the Background Check, we will be contacting your present employer.

Available Start Date: _____

C. PERSONAL HISTORY

1. Full Name:

 First Middle Last Date of Birth SSN

2. Applicant's Current Address:

 Address

 City County State Zip

() _____
 Telephone Number

() _____
 Message Number

Email: _____ Web Page: _____

Emergency Contact Name & Number: _____

Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s)).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

4. Are you a United States Citizen? Yes No

If naturalized, please provide: _____
Place

Court Naturalization No.

5. Do you have or have you ever applied for a passport? Yes No Passport # _____

6. Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

D. EDUCATION/TRAINING

High School or GED Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major _____ Minor _____

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:

2. Have you ever been suspended or expelled from school? Yes No

If yes, please explain.

3. List any foreign languages you can speak:

List any foreign languages you can read:

List any foreign languages you can write:

4. Indicate any law enforcement education/training (attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

5. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other state's law enforcement certification agency? Yes No

If yes, explain.

Date(s)

Date(s)

Date(s)

6. Describe any special abilities, interests, and hobbies including the degree of proficiency:

7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

9. Have you had any training/education with K-9's? Yes No

If yes, provide details:

E. TECHNOLOGY SKILLS

Check All Skills & Software Applications You Have Experience Using (any version):

- PC User Macintosh User Windows Microsoft Word Microsoft Access Microsoft Excel
- Microsoft Publisher Web Page Design/Maintenance E-Mail Internet Scanner Copier Fax
- Other: Please list _____

Professional Licenses or Certificates Held:

F. EMPLOYMENT HISTORY

(List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. **All time must be accounted for.** If unemployed for a period, set forth dates of unemployment):

Employer:				
Address:				
	Street		City	State Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:		Final Rate of Pay:
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street		City	State Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:		Final Rate of Pay:
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street		City	State Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:		Final Rate of Pay:
Position Held:				
Primary Duties:				
Reason for Leaving:				

Next Employer:			
Employer:			
Address:			
Street	City	State	Zip
Telephone: ()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:			
Primary Duties:			
Reason for Leaving:			
Next Employer:			
Employer:			
Address:			
Street	City	State	Zip
Telephone: ()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:			
Primary Duties:			
Reason for Leaving:			
Next Employer:			
Employer:			
Address:			
Street	City	State	Zip
Telephone: ()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:			
Primary Duties:			
Reason for Leaving:			

CHARACTER DISCLOSURE

IDAPA 11.11.01.054

1. Have you ever used any substances which are unlawful in the State of Idaho? (refer to Title 37, Chapter 27, Idaho Code)

No Yes

If yes, list below the unlawful substances, approximate date first used. List the date last used & the number of times.

ATTACH SEPARATE SHEET(S) AS NECESSARY. PROVIDE PRINTED NAME, SIGNATURE AND DATE COMPLETED ON SHEET.

TYPE	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED

If you answer yes to any of the following questions, you must provide a detailed explanation on a separate sheet of paper. The explanation must be legible and include applicant's printed name and signature, date completed, date(s), age at the time of occurrence, location and circumstances.

2. 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

3. Have you ever purchased any drug, narcotic, or controlled substance other than by a doctor's prescription?
 YES NO

4. To your knowledge, do any of your present circle of friends and acquaintances use any type of illegal narcotics, pills, or drugs? YES NO

5. Have you ever participated in the manufacture, cultivation, or production of any drug, narcotic, or controlled substance?
 YES NO

CRIMINAL HISTORY

Have you ever been convicted of a felony or misdemeanor? (If yes, explain in full detail on a separate document)

YES NO

Have you ever been convicted of any criminal violations? (If yes, explain in full detail on a separate document)

YES NO

Have you ever been arrested or detained by law enforcement? (If yes, list below)

YES NO

Date:	Charge:	Law Enforcement Agency:
Location:	Disposition:	
Date:	Charge:	Law Enforcement Agency:
Location:	Disposition:	

Have you even been fingerprinted by any law enforcement agency?

YES NO

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from **any** employment or volunteer position you have held?

YES NO

If YES, please give details, including dates, employer's name, and specifics:

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

YES NO

If YES, please give details, including dates, employer's name, and specifics:

3. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

YES NO

4. Have you engaged in sexual abuse in a prison jail, lockup, community facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997) Please reference the PREA Definition of Sexual Abuse which can be found at

http://www.idoc.idaho.gov/content/careers/PREA_Sexual_Abuse_Definition

YES NO

5. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

YES NO

If yes, please provide name of agency and date of application or service.

6. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

Yes No

If yes, please provide name and address of business, corporation or organization and describe your relationship or position, and nature of business.

G. APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

1. Identify **ALL** complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

2. Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Approximate Date	Disposition

3. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

4. Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

5. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

H. DRIVING HISTORY

1. Are you a licensed Idaho automobile operator? Yes No License No.: _____
 Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator license in another state? Yes No
 If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
 Yes No
 If yes, please provide complete details including why license was revoked.

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?

Yes No

If yes, please provide complete details.

I. MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

4. If yes state the branch of service, name and location of your unit:

5. Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

6. Have you ever served in the Armed Forces of a foreign country? Yes No

If yes, please specify countries and dates.

VETERAN'S PREFERENCE

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

Preference Eligible Veterans:

- 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.
- 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 have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

J. BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No
2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No
3. Was any such license ever cancelled, relinquished, suspended or revoked? Yes No

If yes to question #1, #2 or #3, please provide details including name and address of business, the type of license or certificate, the agency that issued the license, effective date of license and license number.

K. ORGANIZATION MEMBERSHIP

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes No

If YES, including name of organization, dates of membership and location.

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

Yes No

If YES, explain including name of organization, date(s) and location.

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

If YES, explain including name of organization, dates and location.

L. PERSONAL & PROFESSIONAL REFERENCES

1. Personal References: Please list the names of three (3) persons not related to you by blood or marriage)

Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	
Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	

2. Professional References: List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage.

Complete Name		Home Address: _____ City, State, & Zip: _____ Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
(Last, First, Middle)		
Yrs. Known	Occupation	

Complete Name		Home Address: _____
(Last, First, Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last, First, Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

M. DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or GED, college diploma or transcripts.
3. Attach a copy of military discharge(s).
4. Attach a copy of current resume.

N. OTHER REQUIREMENTS

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test and complete physical examination, as well as be required to complete the Background Information form and a polygraph examination.

RELEASE OF INFORMATION

TO: _____ APPLICANT'S NAME: _____
OR Repository of Records DATE OF BIRTH: _____
SOCIAL SECURITY NO.: _____

NAME & ADDRESS OF EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would rehire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your employer, education institution, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation, to:

Signed this the _____ day of _____, 20____.

Signature in Full

PRINTED Signature in Full

NOTARY

State of _____)
: ss.
County of _____)

On this ____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of _____
Residing in _____
My Commission Expires _____, 20____

(Official Seal)