



VALLEY COUNTY SHERIFF'S OFFICE

SHERIFF PATTI BOLEN

107 W. SPRING STREET
P.O. BOX 1350
CASCADE, ID 83611
208-382-7148
208-382-7107 fax

Valley County Sheriff Hiring Standards Law Enforcement

Valley County strives to hire the people who will be dedicated to working for the County and whose personal background will pass the Peace Officer Standards for Idaho.

If any of these apply to you, your application will not be considered:

- Conviction or commission of a felony as an adult and a case-by-case review of juvenile felony convictions. This policy will also include withheld judgments as convictions.
- Any use of marijuana, cannabis, hashish, hash oil, and THC in both synthetic and natural forms in the last year.
- Illegal use in the past five years, of any controlled substance i.e.: methamphetamine, LSD, cocaine, heroin, prescriptions, molly, ecstasy etc.
- Convictions for domestic battery, child abuse, stalking or "Peeping Tom" type of crimes.
- You must not be the respondent in a no contact order or civil protection order or otherwise prohibited from contacting another person.
- Driver's license suspensions in the past two years for violations relating to D.U.I., chemical test refusal or points assessed due to moving traffic violations if driving is an essential function of the job.
- A "dismissal," "bad conduct discharge" (BCD), "dishonorable discharge" (DD), or administrative discharge of other than honorable (OTH) from the military service.
- Have ever been de-certified as a peace officer in any state.
- Have ever been fired from a job, with just cause, for any of the following reasons: theft of company property, misuse of company or department finances, falsification of time reporting or other official documents, sick leave abuse, drug and alcohol use that affected job performance, or committing any form of illegal harassment.
- Withholding or falsifying any information submitted to Valley County Sheriff Office.
- Arrested and/or charged with a misdemeanor or felony and awaiting trial.
- General misdemeanor convictions.
- Committing any unlawful act, even though the applicant has never been charged by a law enforcement agency for such act.

VALLEY COUNTY LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

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.

Idaho law requires all applicants for peace officers, county detention officers, juvenile detention and juvenile probation officers must be “a minimum of twenty-one (21) years of age”.

Are you at least 21 years old? ___ yes ___ no

Have you used Marijuana or anything containing THC in the past year? ___ yes ___ no (a yes answer will disqualify your application.)

B. PERSONAL INFORMATION

Name:			
Last	First	Middle	
Address:			
Street	City	State	Zip
Phone:		Email:	

C. POSITION APPLYING FOR

Position for which you are applying:		
Are you applying for: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal <input type="checkbox"/> Reserve/Volunteer	What shifts will you work? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Any	NOTICE: During the Background Check, we will be contacting your present employer.
Available Start Date:		

Are you eligible to work in the United States? Yes No

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

Have you ever been convicted of a crime? Yes No (this will come out in the background screening process)

If yes, please explain (use another sheet of paper if necessary) _____

D. EDUCATION/TRAINING

High School or GED Name/Address	Years Completed	Did You Graduate?	Type of Diploma
Other Schools (Trade, Vocational, Business or Military):			
Major:	Minor:		

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. Are you bilingual? Yes No

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 skills, abilities or interests, including the degree of proficiency, that would apply to this position:

F. EMPLOYMENT HISTORY(List chronologically all employment beginning with present employment, including summer and part-time employment while attending school, for the past 7 years. 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:				

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 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.

4. 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 current licensed automobile operator? Yes No

In what state are you licensed? _____

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: _____

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: _____

J. 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.

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

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

**DOCUMENTS YOU WILL BE ASKED TO PROVIDE AT A LATER DATE-
Do not include with this application**

1. A certified copy of your birth certificate.
2. A certified copy of high school diploma or GED, college diploma or transcripts.
3. A copy of military discharge(s).
4. A copy of your valid Driver's License

L. 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.

SIGNATURE & CERTIFICATION OF ACCURACY

I, _____, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I authorize Valley County to verify the accuracy of the information provided, including a criminal history check, and to obtain reference information on my work performance. I hereby release Valley County from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with Valley County, and if employed, my termination from employment.

Signed this the _____ day of _____, 20_____

Signature in Full

Print Named in Full

Return application to:

Valley County Human Resources
219 N. Main Street
P.O. Box 1350
Cascade, ID 83611
Phone: 208-315-7042 Fax: 208-382-7107 hr@co.valley.id.us

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.