



VALLEY COUNTY SHERIFF'S OFFICE

SHERIFF PATTI BOLEN

107 W. SPRING STREET
P.O. BOX 1350
CASCADE, ID 83611
208-382-7150
208-382-7170 fax

Valley County Sheriff Hiring Standards

Valley County strives to hire the people who will be dedicated to working for the County and whose personal background will pass the Police Officer Standards for Idaho. The following is a list of likely disqualifiers for employment with the Valley County Sheriff's Office.

- 1) Conviction or commission of a felony as an adult (except for a) and b) as defined below, and a case-by-case review of juvenile felony convictions). This policy will also include withheld judgments as convictions.
 - a) "Soft" illegal drug use in the past three years, i.e.: marijuana, illegal use of prescription drugs or steroids, glue/gasoline/paint huffing, etc.
 - b) "Hard" illegal drug use in the past five years, i.e.: methamphetamine, LSD, cocaine, heroin, etc.
Note: Numbers a) and b) deal only with use and/or possession. Sale, transportation, manufacture and/or association with anyone who is involved in any of the listed activities will be cause for disqualification. An exception to this policy may be granted for a single, experimental, one-time use of marijuana or huffing only within the time periods described. Polygraph confirmation is required before an exception may be considered.
- 2) General misdemeanor convictions are reviewed on a case-by-case basis; however, **NO** convictions for domestic battery, child abuse, stalking or "peeping Tom" type of crimes.
 - a) Any criminal probation must already have been served.
- 3) D.U.I. convictions in the past three years. This policy will also include withheld judgments as convictions.
- 4) You must not be the respondent in a no contact order or civil protection order or otherwise prohibited from contacting another person.
- 5) Driver's license suspensions in the past three 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.
- 6) Dishonorable discharges from any U.S. military force.
- 7) Have ever been de-certified as a peace officer in any state.
- 8) 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.
- 9) Falsification of any information submitted to Valley County.

An extensive pre-employment background investigation will be conducted which will also include a polygraph examination.

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

B. PERSONAL INFORMATION

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Phone:

Home

Cell

Message

Email:

Website:

C. POSITION APPLYING FOR

Position for which you are applying:

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:

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

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

D. EDUCATION/TRAINING

D. EDUCATION/TRAINING				
High School or GED Name/Address	Years Completed	Did You Graduate?	Type of Diploma	
College/University Name/Address	Credit Hours Earned		Did You Graduate?	Type of Degree
	Qtr.	Sem.		
Major:	Minor:			
Major:	Minor:			
Major:	Minor:			

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

Name/Address	Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate

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

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: 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 Windows Microsoft Word Microsoft Excel Microsoft Publisher Mobile Data Terminals
 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:				

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

- Are you a licensed Idaho automobile operator? Yes No
- 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.

- 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

- 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: _____ City, State, & Zip: _____
(Last,First,Middle)		
Yrs. Known	Occupation	Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
Complete Name		Home Address: _____ City, State, & Zip: _____
(Last,First,Middle)		
Yrs. Known	Occupation	Home Phone: _____ Business Address: _____ City, State & Zip: _____ Business Phone: _____
Complete Name		Home Address: _____ City, State, & Zip: _____
(Last,First,Middle)		
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. Valid Drivers 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, 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: 208-315-3377 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.