

Application for Employment Gem County Sheriff Department. An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information:				
Name: _____				
Address:	Last	First	Middle	Other Names Used
Telephone:	Street	City	State	Zip
Home: ())	Cell: ())			
DOB:	Height:	Weight:	Hair Color:	Eye Color:
Social Security Number: _____		Email: _____		
Are you a Citizen of The United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
(Federal Law requires proof of identity and employment authorization for all new employees.)				
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Drivers License Number: _____ State: _____				
Position Applying For:				
Job Title: _____			Salary Desired: _____	
Are you applying for:		What shifts can you work?		May We Contact Present Employer?
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal		<input type="checkbox"/> Days <input type="checkbox"/> Nights		<input type="checkbox"/> Yes <input type="checkbox"/> No
Available Start Date: _____				
Have you previous Law Enforcement Experience? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, please explain: _____				

Do you have any physical defects, illnesses, or disabilities that would interfere with your ability to perform the duties as an employee (Deputy) of the Gem County Sheriff Department? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, please explain: _____				

Would you be willing to purchase, at your own expense, any equipment as may be necessary for performance and/or duties of a Deputy Sheriff? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Have you ever been charged with a crime ? Yes No

If yes, when & where:

This is to include any violation of the law/ or police regulation excluding parking tickets.

Are you related by blood or marriage to any person now employed by Gem County? Yes No

If yes, give name and relationship to you:

If you are related to a Gem County Commissioner you are not eligible for employment.

To what extent do you use intoxicants? _____

To what extent do you use Narcotics? _____

Do use medications on a regular basis? _____

Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended From / To:</u>	<u>Diploma, Degree & Major</u>	<u>Graduated?</u>
High School					
College					
Other (Business, Vocational, Military)					

TODAY'S DATE: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

Employment History (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):

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:			

Technology Skills (List All Skills & Software Applications You Have Experience Using):			
Word Processing:			
Spreadsheet:			
Other Software:			
Database:			
Microsoft Office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PowerPoint? Yes <input type="checkbox"/> No <input type="checkbox"/>
Scanner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Copier? Yes <input type="checkbox"/> No <input type="checkbox"/>
Digital Phone Systems? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Explain Internet Skills, Including Email Usage:			
Professional Licenses or Certificates Held:			

Military	
Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, fill out Page 7 of Application & attach proper documentation)
Have you previously claimed such preference?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your current military status: _____	
Branch of service: _____	Rank at Discharge: _____

Personal Reference (Please list the names of three (3) persons <u>not</u> related to you by blood or marriage.)		
Name: _____		
Last	First	Middle
Address: _____		Zip
Street	City	State
Telephone: ()	()	
Home	Other	
Connection To You (i.e. friend, co-worker):		Occupation:

Personal Reference		
Name: _____		
Last	First	Middle
Address: _____		Zip
Street	City	State
Telephone: ()	()	
Home	Other	
Connection To You (i.e. friend, co-worker):		Occupation:

Personal Reference		
Name: _____		
Last	First	Middle
Address: _____		Zip
Street	City	State
Telephone: ()	()	
Home	Other	
Connection To You (i.e. friend, co-worker):		Occupation:

IT IS THE POLICY of Gem County Sheriff Department to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with _____, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of _____, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the _____. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Witness

DATED: _____

Printed Name, including all names I have previously used or been known by:

Phone: _____

DOB: _____

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: _____ Date: _____

VETERAN'S PREFERENCE

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

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 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.

Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form 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 attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please Print)

Signature

DATE: _____