

PATTI BOLEN
Sheriff



DAVID STAMBAUGH
Chief Deputy

VALLEY COUNTY SHERIFF'S OFFICE

107 W. Spring Street, Cascade, Idaho 83611

P.O. Box 1350, Cascade, Idaho 83611

Phone: (208)382-7150 Fax: (208)382-7170 Dispatch: (208)382-5160 Email : sheriff @co.valley.id.us

RELEASE OF INFORMATION WAIVER

As an applicant for the position of _____ with the Valley County Sheriffs Office, I, _____, am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including but not limited to; information of a confidential or privileged nature, any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement of court proceeding involving disciplinary matters, any and all law enforcement records held by any agency or any peace officers standards and training in any state.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential under Idaho Code and therefore subject to discovery or disclosure only pursuant to a noticed motion under Idaho Code. By signing authorization, I hereby waive any and all rights to have any record or records or information contained therein discovered or disclosed only by a noticed motion pursuant to Idaho Code and hereby authorize the disclosure of all records to which, as an employee, the undersigned would or did have access.

I understand that I will not receive and am not entitled to know the contents of the confidential reports received and I further understand that these reports are privileged.

This release is activated as of the date of signing this document.

I hereby release, discharge, exonerate the Valley County Sheriffs Office, Human Resources, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, representatives, heirs and assigns.

A photocopy or facsimile of this release is to be considered as valid as an original.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, (yr.) _____

Notary Public

Commission expires

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 for			
Are you applying for: <input type="checkbox"/> FIT <input type="checkbox"/> PIT <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). _____

EDUCATION/TRAINING

High School or GED Name/Address	Years Complete	Did You Graduate\	Type of Diploma
_____	_____	_____	_____

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

ajar: _____ if in or: _____

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? _____

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

VCSAR
PO Box 144
Donnelly, Id 83615

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 00-214 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.