

# GOODING COUNTY SHERIFF LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

Employing Agency: \_\_\_\_\_ 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

2. Applicant's Current Address:

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

County

\_\_\_\_\_

State

\_\_\_\_\_

Zip

( ) \_\_\_\_\_

Telephone Number

( ) \_\_\_\_\_

Message Number

Email: \_\_\_\_\_

Web Page: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Revision Date Oct. 11, 2009

Subsequent Updates at [www.icrmp.org](http://www.icrmp.org)

Applicant Name: \_\_\_\_\_ (Print Legibly)

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.		

Applicant Name: \_\_\_\_\_ (Print Legibly)

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:

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

If yes, please explain.

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3. List any foreign languages you can speak:

List any foreign languages you can read:

List any foreign languages you can write:

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

Name/Topic of Training	Certificate?	Date	Location of Training

Applicant Name: \_\_\_\_\_ (Print Legibly)

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:

Applicant Name: \_\_\_\_\_ (Print Legibly)

**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:

Applicant Name: \_\_\_\_\_ (Print Legibly)

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:

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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:

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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.

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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.

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Applicant Name: \_\_\_\_\_ (Print Legibly)

**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

Applicant Name: \_\_\_\_\_ (Print Legibly)

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_ (Print Legibly)

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.

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### 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:

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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.

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Applicant Name: \_\_\_\_\_ (Print Legibly)

### 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.

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(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.

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Applicant Name: \_\_\_\_\_ (Print Legibly)

**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.

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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.

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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.

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Applicant Name: \_\_\_\_\_ (Print Legibly)

## 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: _____
(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: _____

Applicant Name: \_\_\_\_\_ (Print Legibly)

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: _____

### 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).

### 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.



Applicant Name: \_\_\_\_\_ (Print Legibly)

### RELEASE OF INFORMATION

TO: \_\_\_\_\_ APPLICANT'S NAME: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
OR Repository of Records 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)