

**BONNEVILLE COUNTY SHERIFF'S OFFICE
AND JUVENILE DETENTION CENTER EMPLOYMENT APPLICATION**
605 NORTH CAPITAL AVE., IDAHO FALLS, IDAHO 83402
TELEPHONE (208) 529-1340 (PERSONNEL DEPARTMENT)

FULL NAME (LAST, FIRST, MIDDLE)	
ADDRESS	HOME TELEPHONE
CITY, STATE, ZIP	OTHER TELEPHONE
TYPE OF WORK DESIRED: <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> CORRECTIONS <input type="checkbox"/> JUVENILE DETENTION <input type="checkbox"/> OTHER _____	
DATE YOU WOULD BE AVAILABLE: _____ WAGE OR SALARY REQUIRED: _____	

I EDUCATION (ATTACH PROOF OF GRADUATION FROM HIGH SCHOOL OR EQUIVALENT)

NAME AND LOCATION OF SCHOOLS ATTENDED INCLUDING HIGH SCHOOL, COLLEGE AND TRADE SCHOOLS	DATES ATTENDED	GPA	COURSE OF MAJOR	DEGREE OF CERTIFICATION RECEIVED IF APPLICABLE
OTHER EDUCATION OR TRAINING YOU HAVE COMPLETED:				
IF YOU HAVE BEEN SUSPENDED, EXPELLED OR PLACED ON PROBATION BY ANY SCHOOL FOR OTHER THAN ACADEMIC REASONS, GIVE DETAILS:				

II U.S. MILITARY SERVICE (IF YOU ARE REQUESTING A VETERAN'S PREFERENCE, ATTACH FORM DD214)

BRANCH:	DATES:	FINAL RANK OR GRADE:
SPECIAL SKILLS OR TRAINING ACQUIRED:		

III EMPLOYMENT

LIST EMPLOYMENT HISTORY BEGINNING WITH YOUR PRESENT OR MOST RECENT POSITION	
<input type="checkbox"/> CHECK HERE IF YOU WOULD PREFER THAT WE NOT CONTACT YOUR PRESENT EMPLOYER	
EMPLOYERS NAME, ADDRESS AND TELEPHONE NUMBER	
SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED	JOB TITLE AND RESPONSIBILITIES:
FROM:	
TO:	
REASON FOR LEAVING:	
ENDING WAGE:	
EMPLOYERS NAME, ADDRESS AND TELEPHONE NUMBER	
SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED	JOB TITLE AND RESPONSIBILITIES:
FROM:	
TO:	
REASON FOR LEAVING:	
ENDING WAGE:	
EMPLOYERS NAME, ADDRESS AND TELEPHONE NUMBER	
SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED	JOB TITLE AND RESPONSIBILITIES:
FROM:	
TO:	
REASON FOR LEAVING:	
ENDING WAGE:	
EMPLOYERS NAME, ADDRESS AND TELEPHONE NUMBER	
SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED	JOB TITLE AND RESPONSIBILITIES:
FROM:	
TO:	
REASON FOR LEAVING:	
ENDING WAGE:	
EMPLOYERS NAME, ADDRESS AND TELEPHONE NUMBER	
SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED	JOB TITLE AND RESPONSIBILITIES:
FROM:	
TO:	
REASON FOR LEAVING:	
ENDING WAGE:	
EMPLOYERS NAME, ADDRESS AND TELEPHONE NUMBER	
SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED	JOB TITLE AND RESPONSIBILITIES:
FROM:	
TO:	
REASON FOR LEAVING:	
ENDING WAGE:	
EMPLOYERS NAME, ADDRESS AND TELEPHONE NUMBER	
SUPERVISOR'S NAME AND TITLE	

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III EMPLOYMENT (CONT'D)

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A PLACE OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
HAVE YOU EVER BEEN CERTIFIED AS A PEACE OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST TYPE OF CERTIFICATE, AND STATE AND DATES IN WHICH YOU WERE CERTIFIED:
LIST OTHER LAW ENFORCEMENT POSITIONS FOR WHICH YOU HAVE APPLIED:

IV SPECIAL SKILLS AND QUALIFICATIONS

LIST SPECIAL SKILLS, ABILITIES OR QUALIFICATIONS YOU HAVE WHICH MAY BE APPLIED TO LAW ENFORCEMENT:
LIST TYPES OF EQUIPMENT WHICH YOU ARE QUALIFIED TO OPERATE:
LIST LANGUAGE (S) OTHER THAN ENGLISH IN WHICH YOU CAN COMMUNICATE. INDICATE HOW WELL YOU READ, WRITE, SPEAK AND UNDERSTAND.

V REFERENCES

INDIVIDUALS WHO YOU HAVE WORKED WITH OR WHO WOULD HAVE KNOWLEDGE OF YOUR QUALIFICATIONS:		
NAME AND OCCUPATION	CURRENT ADDRESS	TELEPHONE

VI MOTOR VEHICLE AND LEGAL

GIVE THE FOLLOWING INFORMATION ON ALL MOTOR VEHICLE OPERATOR'S LICENSES WHICH YOU POSSESS:			
TYPE OF LICENSE	STATE OF ISSUE	EXPIRATION DATE	RESTRICTIONS, IF ANY
DO YOU CARRY THE REQUIRED LIABILITY INSURANCE ON ALL VEHICLES THAT YOU OWN? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME AND ADDRESS OF INSURANCE CARRIER:			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been denied a motor vehicle operator's license or had your license suspended or revoked?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been denied automobile insurance or had your insurance canceled?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been convicted or received a withheld judgment for Driving Under the Influence?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been required to appear in court on a criminal charge?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever plead guilty, been convicted or received a withheld judgment on a criminal charge?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been placed on probation or parole?			
If you answered "yes" to any of the above questions, explain. (Give names, dates, locations, etc.)			
(ATTACH ADDITIONAL SHEETS IF NECESSARY)			

VII SECURITY

Can you provide proof of United States citizenship? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been a member of any subversive group or organization that advocates racism, violence, nonconformance to Federal, State or Local laws or the overthrow of the United States government or any of its political subdivisions? Y YES Y NO
If you answered "yes" to the above question, identify the organization or group, indicate dates of membership and explain your activities:
(ATTACH ADDITIONAL SHEETS IF NECESSARY)
Would you conscientiously object to the following?
<input type="checkbox"/> YES <input type="checkbox"/> NO Taking an oath to uphold and enforce the laws of the United States, the State of Idaho and Bonneville County?
<input type="checkbox"/> YES <input type="checkbox"/> NO Taking an oath to tell the truth in court?

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VIII PERSONAL STATEMENT

In the space provided, explain why you wish to work for Bonneville County.

IX CERTIFICATION

I understand that misrepresentation, omission or falsification of any information requested in this application may be grounds for rejection or termination and I hereby certify that all information herein given by me is true and complete to the best of my knowledge and ability.

SIGNATURE _____ DATE _____

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BACKGROUND INVESTIGATION FORM

The following information is required to conduct a background investigation and will not be considered directly in determining your qualifications or suitability for employment.			
FULL LEGAL NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
CURRENT STREET ADDRESS		DATE OF BIRTH	
LIST ALIASES, NICKNAMES, MAIDEN NAMES AND OTHER NAMES BY WHICH YOU ARE OR HAVE BEEN KNOWN:			
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE OR ETHNIC ORIGIN:	
HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
PREVIOUS RESIDENCES FOR THE PAST TEN YEARS			
DATES:	ADDRESS:		
DATES:	ADDRESS:		
DATES:	ADDRESS:		
DATES:	ADDRESS:		
DATES:	ADDRESS:		
FAMILY AND OTHER HOUSEHOLD MEMBERS			
RELATIONSHIP AND NAME	CURRENT ADDRESS		TELEPHONE
FATHER			
MOTHER			
BROTHERS & SISTERS			

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FAMILY AND OTHER HOUSEHOLD MEMBERS (Cont'd)		
RELATIONSHIP AND NAME	CURRENT ADDRESS	TELEPHONE
SPOUSE		
CHILDREN		
OTHER		
FORMER MARRIAGES		
SPOUSES NAME AND ADDRESS	PLACE OF DIVORCE	DIVORCE DATE
FRIENDS AND SOCIAL ACQUAINTANCES		
NAME	CURRENT ADDRESS	TELEPHONE

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

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BONNEVILLE COUNTY

605 N. CAPITAL AVE., IDAHO FALLS, ID 83402

AUTHORIZATION FOR RELEASE OF INFORMATION

I the undersigned, hereby authorize Bonneville County to investigate any and all information which may be necessary to determine my qualifications for employment including records subject to the Privacy Act of 1974 (Public Law 93-579).

I understand that this investigation may include employment, education, driving, military, medical, credit, police, civil and criminal records. I also understand that I have a right to make a written request within a reasonable time to receive information about the nature and scope of such investigation.

The release of any and all factual information is authorized whether of record or not and I do hereby release all persons, organizations, firms, agencies, companies or groups from any damages resulting from furnishing such information to Bonneville County. I also agree that a copy of this release shall function as an original.

NAME: _____ Soc. Sec. No. _____
(Print or Type)

Signature _____

Date _____

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APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name _____ Date _____
 LAST FIRST MIDDLE

Position Applied for (list only one) _____

What is your race/ethnic origin? (Please ✓ one)

- Caucasian not Hispanic Origin (A)
- African-American not Hispanic Origin (B)
- Hispanic (C)
- Asian or Pacific Islander (D)
- American Indian or Alaskan Native (E)

What is your sex? (Please ✓ one)

- Male
- Female

Veteran Status?

- Veteran - Vietnam Era (A)
- Special Disabled (D)
- Korean War (K)
- Gulf War (G)