

Caribou County Sheriff's Office

475 East 2nd South
Soda Springs, ID 83276
Telephone (208) 547-2561
Fax: (208) 547-0252



Applicant:

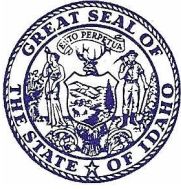
Please fill out the enclosed Caribou County Sheriff's Office Employment Application, Authority to Release Personal Information, and CCSO Applicant Testing Agreement. All forms are to be filled out legibly and completely in your own handwriting and returned to the following address:

Caribou County Sheriff's Office

475 E 2nd South

Soda Springs, ID 83276

Any questions may be directed to Sheriff Kelly Wells (208) 547-2561. Thank You.



CONFIDENTIAL



Supplemental Employment Information for Background Investigation by the Caribou County Sheriff's Office

IMPORTANT INSTRUCTIONS:

- ◆ Answer ALL questions in your own handwriting
- ◆ Any falsification or misstatement of any material fact will be sufficient to disqualify you from employment
- ◆ Fill out this questionnaire completely and accurately
- ◆ Your answers to questions contained herein are subject to verification
- ◆ If space provided is inadequate, add additional pages and identify information by name and section number
- ◆ Any question that does not pertain to you, please indicate with the letters N/A meaning Not Applicable
- ◆ Complete ALL spaces provided

TO CONTINUE YOUR APPLICATION, THE FOLLOWING ITEMS MUST BE PROVIDED

1. Recent photograph (within past two months, for background investigation only)
2. Copy of your certified birth certificate
3. Copy of high school transcripts (even if high school was not completed)
4. Copy of GED certificate and grades, if applicable
5. Copy of any college transcripts
6. Copy of DD 214 military discharge, if applicable

AUTHORITY TO RELEASE PERSONAL INFORMATION

NAME IN FULL _____

DATE OF BIRTH _____ **SOCIAL SECURITY #** _____

Having made application with the Caribou County Sheriff's Office, and desiring them to be informed as to my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not and I authorize photocopies of the same.

This information is to be used to assist the Caribou County Sheriff's Office in determining my qualifications, eligibility, and fitness for the position of a certified law enforcement officer in the State of Idaho.

I _____, hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicants Signature _____ **Date** _____

Witness _____ **Witness** _____

Caribou County Sheriff's Office Applicant Testing Agreement

COMES NOW the County of Caribou, Idaho, by and through its authorized representative, a member of the Caribou County Sheriff s Office, hereinafter referred to as "Sheriffs Office", and

(Name)

of _____,

(Address) (City/State/Zip)

Herein after referred to as "Applicant", and hereby agree as follows:

1. The Applicant desires employment with the Caribou County Sheriff's Office.
2. In order to make application to said Sheriff's Office for employment, it is necessary that the applicant complete certain preliminary conditions and requirements. These include, but are not limited to, the following:
 - A. Psychological Test
 - B. Polygraph Examination
 - C. Firearm Qualifications (Sworn Positions Only)
 - D. Physical Agility Test (Sworn Positions Only)
 - E. Field Training Test
 - F. Minimum Employment Standards established by the Caribou County Sheriff's Office
 - G. Minimum Required training as mandated by the Idaho Peace Officers Standards and Training (POST) and the Caribou County Sheriffs Office.
 - H. Adequate physical conditioning, as may be determined by the Caribou County Sheriff's Office, and by reviewing the medical history and examination of the applicant, to show that the applicant has the necessary qualifications to perform the essential functions as an employee for the Caribou County Sheriffs Office.
 - I. Background Investigation.
3. In order to make application to the Sheriff's Office for employment for Caribou County, the applicant hereby gives his free and voluntary consent and permission to the Caribou County Sheriff's Office or any authorized representative thereof, to conduct a background investigation of the Applicant, and the Applicant agrees to cooperate and provide any necessary consent forms, or other documents with which may be required to obtain the Applicant's background and qualifications.
4. The Applicant waives and gives up any right that he may have to refuse consent to a polygraph examination, psychological testing, or other testing that may be required by the Caribou County Sheriff's Office, in making this application for said position.
5. The Applicant releases and discharges the Sheriff's Office, its officers, agents, and employees, and the Department of Law Enforcement, State of Idaho and any other agency contracting with the Caribou County Sheriff's Office, in performing testing, examinations, or background checks on behalf of the Sheriff's Office, and waives and gives up any claim, demand, or cause of action against any of said entities, their officers, agents or employees, in the performance of said testing and examinations.
6. The Applicant hereby specifically gives consent to any agency by whom he has been employed, any medical provider, and any police agency, to provide any and all information requested by the Caribou County Sheriff's Office necessary to complete a background investigation upon the Applicant.

7. The Applicant acknowledges and agrees that this Agreement is not an offer of employment and regardless of if the Applicant successfully completes all aspects of the testing, examination or background checks, or other standards established by the Caribou County Sheriff's Office, the Sheriff's Office is not required, and is not bound to employ the Applicant.

8. The Applicant also further understands that if he/she is employed by the Caribou County Sheriff's Office, that he/she will be serving a probationary period of (1) year, during which time, Applicant may be discharged from employment for any reason whatsoever, and at the will of the Sheriff's Office, without the necessity of any compliance with the Personnel Manual of the Caribou County Sheriff's Office.

9. The Caribou County Sheriff's Office, agrees not to release to any other entity the psychological testing, polygraph examination, background investigation, or other information obtained from the Applicant except for the use in determining whether the Applicant is qualified for a position of employment with the Caribou County Sheriff's Office.

Dated this _____ day of _____, 20_____.

CARIBOU COUNTY SHERIFF'S OFFICE

By: _____

(Applicant)

Date of Application:

Position Applied For:

I. IDENTIFICATION INFORMATION

| | | | |
|--|---|---------------------------------------|-----------|
| Last Name | First Name | Middle Name | Sex |
| Alias(s) | Nick Name(s) | Maiden Name | |
| List any other name you have used or been known by, and give reasons for change. (If none, so state) | | | |
| Present address (street, city, county, state and zip code) | | | |
| Home telephone number | Cell number | Work telephone number | |
| Date of birth | Place of Birth (please include a certified copy of birth certificate) | | |
| Height | Weight | Hair Color | Eye Color |
| Social Security Number | Driver's license # | State | |
| Do you or did you ever possess a driver's license issued by a state other than Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name of state and type of license, and name it was issued under. | | | |
| Please list any identifying marks | | | |
| Are you a U.S. Citizen? | Naturalized certificate number | If derived, parent certificate number | |
| Please list date, place, and court for above certificates | | | |

Attach a recent (within past 2 months) photograph of yourself here.

II. MARITAL INFORMATION

Check the appropriate marital status:

Single Married Engaged Separated Divorced Widowed Widower

If engaged, provide the following information about your fiancé:

Full name: _____ Date of Birth: _____

Complete address: _____

Provide the following for all marriages. IMPORTANT: YOU MUST INCLUDE **ALL** MARRIAGES!

| Date Married | Where performed | Spouse's name (maiden if applicable) | Date of Birth |
|--------------|-----------------|--------------------------------------|---------------|
| | | | |
| | | | |
| | | | |

List the full name and present address of previous spouse(s) if divorced or separated:

| Full Name | Present Address |
|-----------|-----------------|
| | |
| | |

If separated, state reason: _____

How many times have you been legally or voluntarily separated? _____

Have you ever been divorced or had a marriage annulled? _____ If yes, provide the following information:

| Annulled or divorced (State which) | Date of order or decree | By whom? | Where issued Court & Date | Offending party as Decreed by law | Reason |
|---------------------------------------|----------------------------|----------|------------------------------|--------------------------------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

III. CHILDREN AND DEPENDENTS

Were you ever the parent of any children (including deceased children)? _____ ,
List all of your children, including step-children and adopted ones, and give the following information:

| | | | |
|-----------|-----------|------------|--------------|
| Full Name | Birthdate | Resides at | Resides with |
| Full Name | Birthdate | Resides at | Resides with |
| Full Name | Birthdate | Resides at | Resides with |
| Full Name | Birthdate | Resides at | Resides with |
| Full Name | Birthdate | Resides at | Resides with |
| Full Name | Birthdate | Resides at | Resides with |

Are you now supporting all children born to you, adopted by you and step-children? _____

If no, provide full details: _____

If you claim income tax exemptions for support of dependents other than spouse and children, provide the following information:

| Full Name | Address | Relationship | % of support provided |
|-----------|---------|--------------|-----------------------|
| | | | |
| | | | |

List all occupants of your household not listed elsewhere on this page or page 2.

| Full Name | Date of Birth | Full Name | Date of Birth |
|-----------|---------------|-----------|---------------|
| | | | |
| | | | |

IV. FAMILY HISTORY

List all parents, brothers, sisters (Include any step-relatives if applicable). If deceased, please indicate.

| Relationship | Full Name | Address | Date of Birth |
|--------------|-----------|---------|---------------|
| | | | |
| | | | |
| | | | |

| Relationship | Full Name | Address | Date of Birth |
|--------------|-----------|---------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

V. MILITARY AND SELECTIVE SERVICE INFORMATION

If you are a male and were born after 1960, have you registered with the selective service? _____

If yes, provide selective service number _____ If no, please explain why: _____

Have you ever served in an active military organization of the United States? _____

If yes, give details: _____

Have you ever served in an active military organization of any foreign government? _____

If yes, give details: _____

Give branch of service: _____

Military specialty: _____

Rank held: _____ Service serial number: _____

Did you ever apply for the military, but later get disqualified from the testing process? _____

If yes, give details: _____

How many periods of active military service have you had (drafts, enlistments, or recalls to service)? _____

Have you served outside of the United States for any period(s) of time? _____

If so, give details, locations, dates, etc. _____

Give period or periods of active service:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

V. MILITARY AND SELECTIVE SERVICE INFORMATION (Continued)

List all medals and decorations awarded you as a member of the armed forces: _____

How many discharges or separations from the service where you given? _____

Discharges: _____ Separations: _____

What is the type of your discharge(s) or separation(s): **BE SPECIFIC.**

_____ Reason: _____

Has your discharge or separation notice ever been corrected or changed? _____

Changed from: _____ To: _____

Were you ever court martialed, tried or charged, or were you the subject of a summary court, desk court, captain's mast, company punishment or any other disciplinary action? _____

If yes, how many times? _____

Give details of charges, agency concerned, dates and dispositions: _____

Are you now, or were you ever an active member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state?

If yes, were you active or inactive? _____

Branch: _____ Regiment: _____ Unit: _____

Rank: _____ Address: _____

From: _____ To: _____

VI. EMPLOYMENT HISTORY

Have you ever been discharged or forced to resign from any employment: Yes No

If yes, explain in detail:

List all jobs you have held in the last ten (10) years. Put your present or most recent job first. Include: Military service, temporary and part-time jobs. List in proper time sequence and account for all periods of unemployment. OMIT NONE. Use additional pages if necessary

| | | |
|---|-----|--|
| Name and address of employer: | | Telephone Number: |
| Name of immediate supervisor: | | Ending Salary: |
| Number of hours worked per week: | | Number of employees supervised by you: |
| Dates Employed | | Reason for leaving: |
| From: | To: | |
| Description of work, specific duties: | | |
| May we contact your current employer prior to a job offer? _____ If no, please explain: | | |

| | | |
|---------------------------------------|-----|--|
| Name and address of employer: | | Telephone Number: |
| Name of immediate supervisor: | | Ending Salary: |
| Number of hours worked per week: | | Number of employees supervised by you: |
| Dates Employed | | Reason for leaving: |
| From: | To: | |
| Description of work, specific duties: | | |

May we contact your current employer prior to a job offer? _____ If no, please explain:

| | | |
|----------------------------------|-----|--|
| Name and address of employer: | | Telephone Number: |
| Name of immediate supervisor: | | Ending Salary: |
| Number of hours worked per week: | | Number of employees supervised by you: |
| Dates Employed | | Reason for leaving: |
| From: | To: | |

Description of work, specific duties:

May we contact your current employer prior to a job offer? _____ If no, please explain:

| | | |
|----------------------------------|-----|--|
| Name and address of employer: | | Telephone Number: |
| Name of immediate supervisor: | | Ending Salary: |
| Number of hours worked per week: | | Number of employees supervised by you: |
| Dates Employed | | Reason for leaving: |
| From: | To: | |

Description of work, specific duties:

| |
|---|
| |
| May we contact your current employer prior to a job offer? _____ If no, please explain: |

| | | | |
|---|-----|--|--|
| Name and address of employer: | | Telephone Number: | |
| Name of immediate supervisor: | | Ending Salary: | |
| Number of hours worked per week: | | Number of employees supervised by you: | |
| Dates Employed | | Reason for leaving: | |
| From: | To: | | |
| Description of work, specific duties: | | | |
| May we contact your current employer prior to a job offer? _____ If no, please explain: | | | |

VI. EMPLOYMENT HISTORY (Continued)

Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member?

If yes, give complete details: _____

Have you, or any corporation or partnership of which you are an officer, director, or partner, ever possessed a license or permit (excluding drivers license or learners permit) issued by any government agency? _____

If yes, give details: _____

Provide the following current information for your spouse, father, mother brothers and sisters:

| Relationship | Full Name | Employer/Address/Phone |
|--------------|-----------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

VII. RESIDENCES (PAST AND PRESENT)

Where do you now reside? _____

| | | | |
|----------------|--------|-------------|----------|
| Street Address | | Apt. Number | |
| City | County | State | Zip Code |
| Telephone | | | |

How long have you resided there? _____ With whom do you reside? _____

If you reside with someone other than spouse or parents, please provide the following information about that person:

Full Name: _____

Date of Birth: _____ Occupation: _____

Name and address of employer: _____

List all awards and honors received from high school and college:

I understand that I will immediately direct all high schools and colleges that I have attended, to mail a copy of my transcripts directly to: Caribou County Sheriff's Office, 475 E 2nd South, Soda Springs, ID 83276

Proper fee must be forwarded to the high school or college by the applicant.

IX. CRIMINAL INFORMATION

Answer all of the following questions completely and accurately. ANY FALSIFICATION OR MISSTATEMENTS OF FACTS WILL BE SUFFICIENT TO DISQUALIFY YOU.

Have you ever been arrested or detained by the police? Yes No

If yes, give details below. (This includes any university or college police as well).

| Date | Police Agency | Crime Charged | Disposition of Case |
|------|---------------|---------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

As an adult, have you ever been convicted for any violation of the criminal law (excluding traffic violations)?

If yes, give details below:

| Date | Violation | Location | Court Disposition | Your age | Police Agency |
|------|-----------|----------|-------------------|----------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Have you ever been reported as a missing person or as a runaway? If yes, give complete details, including location, dates, and outcome: _____



PEACE OFFICER STANDARDS AND TRAINING (POST) CHARACTER DISCLOSURE FORM

Last _____ First _____ MI _____

Date of Birth: _____ POST ID # _____ - _____ - _____
Last 4 #s of SSN First Name 1st 4 Letters Day of Birth

1. Failure to respond truthfully to these questions may be grounds for disqualification for certification as an officer. Do you understand this?

Yes No Initial: _____

2. In the spaces provided below, indicate if you have ever used any unlawful substance(s), the approximate date first used, list the date last used and number of times used.

If you have never used or experimented with any unlawful substance(s) please mark column "Never Used."

| TYPE | DATE FIRST USED | DATE LAST USED | NUMBER OF TIMES USED | NEVER USED |
|-----------------------------|-----------------|----------------|----------------------|------------|
| Marijuana | | | | |
| Hashish/Hash Oil | | | | |
| PCP/Angel Dust | | | | |
| LSD/ Other Hallucinogen | | | | |
| Mescaline | | | | |
| Psilocybin Mushrooms | | | | |
| Heroin | | | | |
| Cocaine / Crack | | | | |
| Quaaludes | | | | |
| Opium | | | | |
| Speed/Crystal Crosstops | | | | |
| Unlawful Stimulants | | | | |
| Unlawful Barbiturates | | | | |
| Thai Sticks | | | | |
| Unlawful Prescription Drugs | | | | |
| Methamphetamine | | | | |
| Unlawful Steroids | | | | |
| Huffing; Inhalant Use | | | | |

3. Have you ever ingested any other illegal drug(s), narcotic(s), or controlled substance(s) not listed above?
 Yes No

If Yes, name the illegal drug, narcotic or controlled substance that you have ingested.

Questions 4-13: if you answer yes to any question, please attach explanation(s) on a separate sheet.

4. Have you ever acted as a middleman, go between, or "done a favor for a friend" by becoming involved in an illegal drug transaction?
 Yes No Initial: _____
5. Have you or anyone else ever injected an illegal drug into your body?
 Yes No Initial: _____
6. Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?
 Yes No Initial: _____
7. Have you ever participated in the manufacture, cultivation, or production of any drug, narcotic, or controlled substance?
 Yes No Initial: _____
8. Have you ever acted as a courier by transporting any drug, narcotic, or controlled substance for other than legitimate purposes?
 Yes No Initial: _____
9. To your knowledge, do any of your present circle of friends and acquaintances use any type of illegal narcotics, pills, or drugs?
 Yes No Initial: _____
10. Have you ever entered a house, place of business, or a vehicle and stolen something that did not belong to you?
 Yes No Initial: _____
11. Since you have turned 18 years old, have you ever stolen anything?
 Yes No Initial: _____
12. Since you turned 18 years old, have you ever knowingly had sex with someone under the age of 16?
 Yes No Initial: _____
13. Have you ever committed rape or an unlawful sexual act that was punishable as a felony offense?
 Yes No Initial: _____

I attest that there are no misrepresentations, omissions, or falsifications to the foregoing statements and answers, and that the entries made by me above are true, complete and correct to the best of my knowledge, belief and are made in good faith.

Please print full legal name

Date

Applicant Signature

I have reviewed the above questions and responses.

Agency Head Signature

Date