

Office of the Sheriff

Vicki Johnson
Civil Clerk

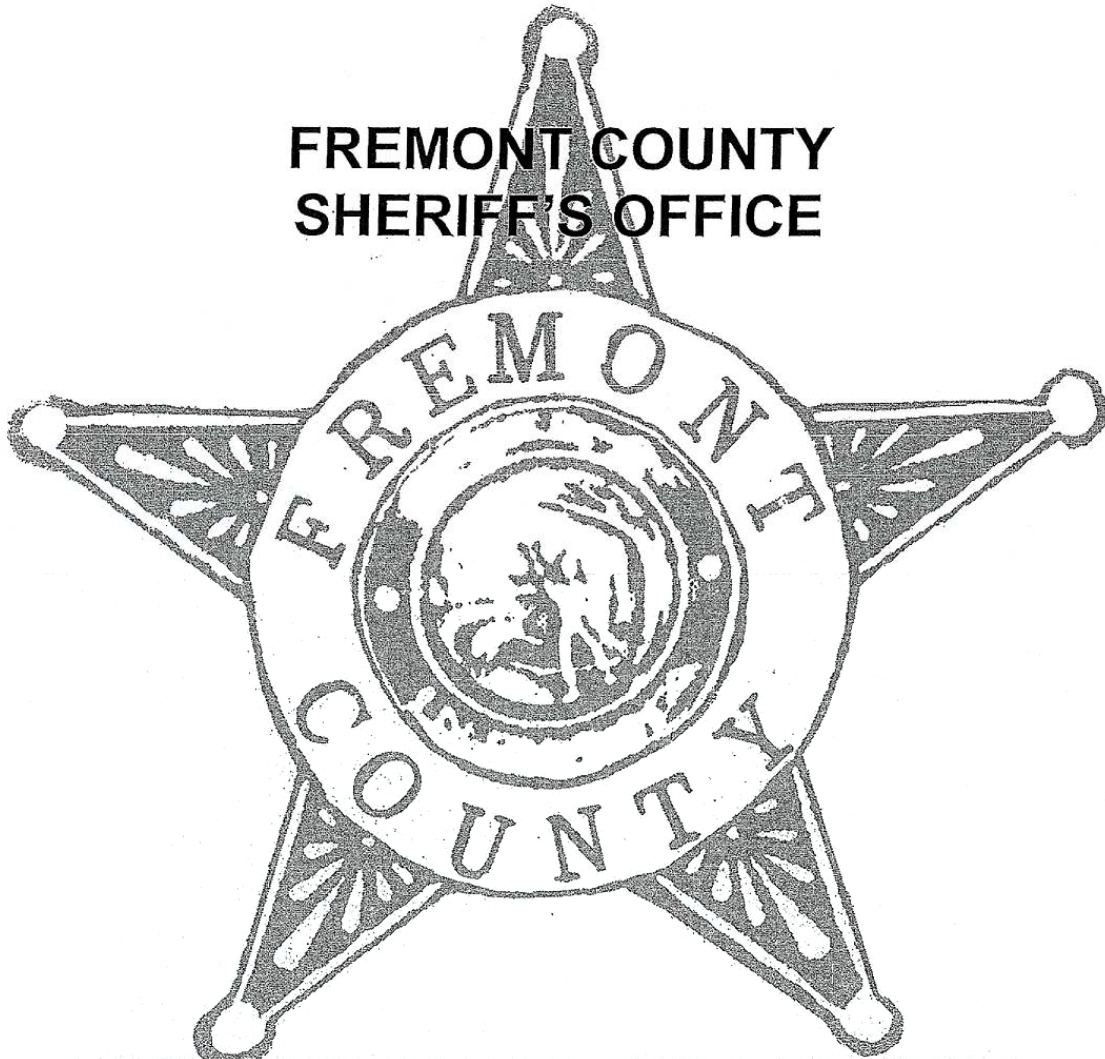
Len Humphries
SHERIFF

Kurt Hillman
Chief Deputy

Fremont County
146 N. 2nd West
ST. ANTHONY, IDAHO 83445

(208) 624-4482 FAX: (208) 624-4485
Email: lhumphries@co.fremont.id.us
khillman@co.fremont.id.us

**FREMONT COUNTY
SHERIFF'S OFFICE**



APPLICATION FOR EMPLOYMENT

TO PROTECT AND SERVE
NOTICE TO APPLICANTS

Thank you for your interest in applying for a position with the Fremont County Sheriff's Office. Applicants who will be considered for employment may be required to submit to a written exam, oral interview, physical fitness test (P.O.S.T. certifiable positions only), polygraph, psychological and medical testing, including drug screen, eye and hearing examinations, and will be subject to a thorough background investigation.

In order for you to be considered for employment with the Fremont County Sheriff's Office, you must meet the following criteria:

1. High school diploma or equivalent. Preference will be given to those with P.O.S.T. Certification, college credits, and/or other law enforcement-related experience.
2. Preferably 21 years of age or older.
3. P.O.S.T. certifiable, which requires the following:
 - a. Valid Idaho drivers license.
 - b. No more than five (5) moving citation convictions in the last five years.
 - c. No DUI or DWP convictions in the last five (5) years.
 - d. Meet P.O.S.T. physical fitness requirements (P.O.S.T. certifiable positions only).
 - e. No felony convictions of any kind.
4. Drug criteria:
 - a. No usage of marijuana in the last five (5) years.
 - b. No usage of any other illegal drug in the past ten (10) years.
 - c. No usage of any illegal drug after the age of twenty-one (21).
5. Must be able to pass a written exam.
6. Must be able to pass P.O.S.T. physical fitness test.
7. Must be able to pass polygraph test and/or psychological test.

POSITION APPLIED FOR:

_____ Detention Officer
_____ Dispatcher
_____ Clerical
_____ Other: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Authority to Release Information

NAME IN FULL (Print): _____

DATE OF BIRTH: _____

SOCIAL SECURITY # _____

Having made an application of employment with the Fremont County Sheriffs Office, and desiring them to be fully informed as to my previous record and character, I hereby authorize them to conduct a thorough background investigation to gather information which may include historical data regarding my previous residence, schools attended with GPAs and degrees earned, military service and separation, present and past employers including performance history, previous applications to other law enforcement agencies, personal and professional references, credit and financial reports, criminal and traffic history, and any other sources that the Fremont County Sheriff's Office deems appropriate.

I authorize the release of any information, whether the same is of record or not, and authorize photostat or digital copies to be released to the Fremont County Sheriff's Office pursuant to their investigation. A copy of this release shall be as valid as the original document. This information is to be used to assist the Fremont County Sheriff's Office in determining my qualifications, eligibility and fitness for the position of a certified Peace Officer in the State of Idaho or a supporting law enforcement or civilian position.

I also understand and agree that all information received by the Fremont County Sheriff's Office in connection with this application and background investigation is confidential and shall not be disclosed to me. Further, I hereby release you, your organization or others, from any liability or damage which may result from furnishing the information requested.

APPLICANT'S SIGNATURE: _____

DATE: _____

WITNESS: _____

DATE: _____

**Fremont County Sheriff's Office
Application for Employment**

Fill out this application completely and accurately. All statements in your application are subject to verification. Incorrect statements may bar or remove you from employment. Include a copy of your diploma, college degree, DD214, certificates and any other pertinent documentation with this application.

Name: (Please print)

First

Middle

Last

List any other names you have used or been known as: (i.e. maiden names, previous marriages, etc.)

Telephone #:

Home

Business

Cell

Social Security #: _____

Are you at least 21 years of age? _____
Do you have relatives employed
by the Fremont County Sheriff's Office?

Are you a citizen of
the United States? _____
Yes _____ No _____

If yes, please name: _____

Do you object to wearing a uniform? Yes _____ No _____
Do you object to working shift work? Yes _____ No _____
Do you have experience with shift work? Yes _____ No _____
Have your employers always treated you fairly? Yes _____ No _____
Were you ever discharged or forced to resign because of
misconduct or poor performance? Yes _____ No _____

If so, explain: _____

Have you ever been denied employment by a criminal
justice agency or rejected for a civil service position?
Yes _____ No _____

If yes, where and when? _____

Are you on any eligibility lists now? Yes _____ No _____
Have you ever submitted an application with the Fremont
County Sheriff's Office? Yes _____ No _____
If yes, give date: _____

ARREST RECORD/CRIMINAL RECORD

Have you ever been arrested or detained by law enforcement? Yes _____ No _____

Date	Charge	Agency	Disposition

Have you ever used a marijuana product? Yes _____ No _____

If yes, when was the last time? _____

Have you ever used any illegal controlled substance? Yes _____ No _____

If yes, when was the last time? _____

Have you ever taken a prescription that was not prescribed for you by a medical doctor? Yes _____ No _____

If yes, explain: _____

Have you ever sold any amount of illegal drugs? Yes _____ No _____

Do you consume alcohol? Yes _____ No _____

Do you have any relatives who have criminal convictions? Yes _____ No _____

For what crime(s)? _____

Have you ever had a financial judgment against you? Yes _____ No _____

If yes, please explain: _____

DRIVERS LICENSE INFORMATION

State: _____ Number: _____ Class: _____ Expiration Date: _____

Has your drivers license ever been suspended or revoked in any state? Yes _____ No _____

If yes, explain: _____

Have you ever been denied a drivers license in any state or placed on probation? Yes _____ No _____

If yes, explain: _____

List any traffic violations you have received:

Date	Charge	Agency	Disposition

List any motor vehicle accidents that you have been involved in as a driver:

Date	Location	Agency	Cause of Accident

EDUCATION

(Attach additional sheets of paper if needed)

School Name/Location Course of Study Years Diploma/Degree

High School _____

College(s) _____

Graduate/Professional _____

Other (Specify) _____

List any special training you have received that would assist you in this job:

List any hobbies, special skills or abilities you have, including speaking foreign languages:

Do you have computer knowledge? Yes _____ No _____
Do you type? Yes _____ No _____

If yes, words per minute: _____

With proper training and supervision, are you capable of performing in a reasonable manner, ALL of the essential job functions required of you as a law enforcement officer, unassisted and without delay? Yes _____ No _____

MILITARY

If no military, list selective service # _____

Have you ever served in the U.S. Armed Forces? Yes _____ No _____

Branch of service: _____ Dates of service: _____ Location: _____

Type of discharge: _____ Date of discharge: _____

Medals/Decorations received: _____

List any formal disciplinary action taken against you: _____

EMPLOYMENT HISTORY

Are you currently employed? Yes _____ No _____
May we contact your present employer? Yes _____ No _____

Date you would be available for work: _____

List all jobs you have had within the last ten (10) years. List your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time and sequence and temporary part-time jobs.

Please complete all information. Failure to do so may nullify application.

Employer: _____ Telephone: _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Exact Title
or Position _____ Dates of Employment: _____ to _____

Salary: \$ _____ per hour Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Exact Title
or Position _____ Dates of Employment: _____ to _____

Salary: \$ _____ per hour Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Exact Title
or Position _____ Dates of Employment: _____ to _____

Salary: \$ _____ per hour Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Exact Title
or Position _____ Dates of Employment: _____ to _____

Salary: \$ _____ per hour Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Exact Title
or Position _____ Dates of Employment: _____ to _____

Salary: \$ _____ per hour Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Exact Title
or Position _____ Dates of Employment: _____ to _____

Salary: \$ _____ per hour Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Exact Title
or Position _____ Dates of Employment: _____ to _____

Salary: \$ _____ per hour Reason for Leaving: _____

REFERENCES

List five persons who are not related to you, and who are not former employers, who have known you closely for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

ACQUAINTANCES

List three persons not related to you, and not former employers or references, who are friends, fellow students, or fellow workers, who have seen you frequently in the past year.

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

ENTRY LEVEL PHYSICAL FITNESS STANDARDS

The following physical fitness requirements have been established by Idaho Peace Officers Standards and Training (P.O.S.T.). You will be required to pass the physical fitness portion of the testing process with a minimum score of 50 points. The 50 points will be accumulated in 5 different components of the physical fitness test. You must score a minimum of 10 points in each component of the physical fitness test. There is a maximum of 20 points possible in each of the 5 components of the physical fitness test for an overall total of 100 points possible. Each of the 5 tests measures a different component of physical fitness, each of which is one determinant of an officer's ability to perform essential job tasks.

Fitness Category	POINTS	Vert. Jump (inches)	1-Min. Sit-ups (reps.)	Pushups (reps.)	300 Meter (seconds)	1.5 Mile (min:sec)
	20	21.5 +	55 +	62 +	48.0 -	9:57 -
Excellent	19	20.5 - 21.0	51 - 54	56 - 61	48.1 - 51.0	9:58 - 10:50
	18	19.5 - 20.0	47 - 50	50 - 55	51.1 - 54.0	10:51 - 11:43
Good	17	18.5 - 19.0	43 - 46	44 - 49	54.1 - 57.0	11:44 - 12:36
	16	17.5 - 18.0	39 - 42	38 - 43	57.1 - 59.0	12:37 - 13:29
Average	15	16.5 - 17.0	35 - 38	32 - 37	59.1 - 62.0	13:30 - 14:20
	14	16.0	31 - 34	30 - 31	62.1 - 65.0	14:21 - 14:56
	13	15.5	27 - 30	28 - 29	65.1 - 68.0	14:57 - 15:32
Below Avg.	12	15.0	23 - 26	26 - 27	68.1 - 71.0	15:33 - 16:08
	11	14.5	19 - 22	23 - 25	71.1 - 74.0	16:09 - 16:43
Minimum Acceptable	10	14.0	15 - 18	21 - 22	74.1 - 77.0	16:44 - 17:17
Substandard	0	< 14.0	< 15	< 21	> 77.0	> 17:17



APPLICANT’S DISCLOSURE & CONSENT RELEASE OF INFORMATION

Applicant Information *Ahead of the Kurve* **Account Number: 101-103109**

Applicant Name: (First Middle Last)	Current Address: (Street Address)
Other Names Used: (Like Maiden)	City: State: Zip:
*Gender: (Circle one) MALE FEMALE	Former Address: (1)
*Social Security No.:	City: State: Zip:
Driver’s License No.: State:	Former Address: (2)
*Date Of Birth: Place Of Birth: (City, State, Country)	City: State: Zip:

***This information will be used for purposes of background screening only and will not be used in making any employment decisions.*

NOTICE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Fremont County may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Idaho or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Ahead Of The Kurve, 102 South 17th Street Suite 100, Boise, ID 83702, 208-331-5057 and its or and agents. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. **You are entitled to a free file disclosure if:**
 - A person has taken adverse action against you because of information in your credit report
 - You are the victim of identity theft and place a fraud alert in your file
 - Your file contains inaccurate information as a result of fraud
 - You are on public assistance
 - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005, all consumers will be entitled to one free disclosure every 12 months, upon request, from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National Banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20561 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration A775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20250 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator –GIPSA Washington, DC 20250 202-720-7051



Workforce Identification Card

To: All Employees
From: Cindy Skoy
Subject: Affirmative Action

In compliance with federal regulations, Fremont County is required to gather and maintain statistics for use in completing its annual Equal Employment Opportunity report. To ensure that our statistics are accurate, we would like each employee to complete the attached card, sign or initial it with the date, and return it to the Human Resource office as soon as possible. The information may be faxed to the office at 624-4940. If you choose not to complete the card, you may leave it blank, but please sign the card and return it to our office.

The information volunteered by you will not be placed in your personnel file and shall be kept confidential, except that; 1) Supervisors and Managers may be informed regarding restrictions on the work or duties of individuals with handicaps; and 2) government officials investigating compliance shall be informed.

I appreciate your assistance in updating our statistics card and in helping our County's Affirmative Action efforts. If you have any questions, please give me a call at 624-4941. Thank you very much.

Employee Name: _____

Affirmative Action Identification

1. Sex

- Male
- Female

2. Ethnic Background

- Caucasian Asian or Pacific Islander
- African Hispanic
American
- American Indian or Alaskan Native

3. Veteran Status

- Not a Veteran
- Veteran of the Vietnam-Era
- Special disabled Veteran
- Other Veteran
- Active Military Duty (i.e.,
Reserves, etc.)

4. Disability Status

- Not Disabled
- Person of Disability, if yes, please describe
condition _____

Signature _____

Date _____