

IDAHO COUNTY SHERIFF'S OFFICE EMPLOYMENT APPLICATION Page 2

Do you have a high school diploma or GED Certificate? Yes No

Name & location of College/University attended	Major	Degree Y/N	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business, Correspondence, Apprenticeship, Vocational, Manpower Training, Trade or Service Schools

Name & location	Course of Study	Duration	Completion Date
_____	_____	_____	_____
_____	_____	_____	_____

Certificates of professional or vocational competence or licenses

Type	State of Issue	Date of Issue	Date Expires
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bilingual Skills:	Language _____	Speak	Read	Write
	Language _____	Speak	Read	Write

MINIMUM CRITERIA FOR EMPLOYMENT REGARDING ILLICIT DRUG USAGE

The following standards are to be applied as of the date of the interview. This department will not consider for employment any person who has used the following substance within the listed times.

PROVIDE ANSWERS OR N/A ON THE LINES BELOW

DRUG	Standard	# Times Used	Date last used
Marijuana	Any usage within the last 2 years or over 100 times	_____	_____
Hashish	Any usage within the last 2 years or over 100 times	_____	_____
Cocaine	Any usage within the last 2 years or over 100 times	_____	_____
Amphetamine	Any usage within the last 2 years or over 100 times	_____	_____
Methamphetamine	Any usage within the last 2 years or over 100 times	_____	_____
Steroids	Non-prescribed usage within the last 5 years	_____	_____
Non-Prescribed Tranquilizers	Any usage within the last 2 years or over 5 times	_____	_____
PCP/Angel Dust	Any usage	Unacceptable	
Heroin/Opiates	Any usage	Unacceptable	
Inhalation of Toxic Vapors	Any usage	Unacceptable	
Hallucinogens	Any usage	Unacceptable	
Sale of Drugs	Any usage	Unacceptable	

The time used and the amount of a specific drug will be subject to review. This information may be verified with a polygraph examination.

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EXPERIENCE: Begin with your latest position & list all employment for the past 5 years and all employment related to the position you are applying for. Include U.S. Military Service, unpaid volunteer work & Self-employment if appropriate. Attach additional pages if needed.

THIS SECTION MUST BE COMPLETED EVEN IF YOU ARE SUBMITTING A RESUME!

Employer _____ Address _____ City/State/Zip _____

Phone (____) _____ Dates Employed From _____ To _____ Supervisor _____

Salary \$ _____ Reason for leaving _____ Hours worked per week _____ May we contact? Yes No

Job Title & Duties

Employer _____ Address _____ City/State/Zip _____

Phone (____) _____ Dates Employed From _____ To _____ Supervisor _____

Salary \$ _____ Reason for leaving _____ Hours worked per week _____ May we contact? Yes No

Job Title & Duties

Employer _____ Address _____ City/State/Zip _____

Phone (____) _____ Dates Employed From _____ To _____ Supervisor _____

Salary \$ _____ Reason for leaving _____ Hours worked per week _____ May we contact? Yes No

Job Title & Duties

Employer _____ Address _____ City/State/Zip _____

Phone (____) _____ Dates Employed From _____ To _____ Supervisor _____

Salary \$ _____ Reason for leaving _____ Hours worked per week _____ May we contact? Yes No

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Employer _____ Address _____ City/State/Zip _____

Phone (____) _____ Dates Employed From _____ To _____ Supervisor _____

Salary \$ _____ Reason for leaving _____ Hours worked per week _____ May we contact? Yes No

Job Title & Duties