

Idaho County Sheriff's Office

320 West Main Grangeville, Idaho 83530 www.idahocountysheriff.org

Phone 208 983 1100 Fax 208 983 1359



Doug Ulmer, Sheriff

supplementary information.

Brian Hewson, Chief Deputy

EMPLOYMENT APPLICATION

Equal Opportunity Employer

Position applying for:			
Name:Last	First	Middle	
Mailing address:	City	State	Zip
Street address:	City	State	Zip
Phone: Cell (Home	() Em	ail	
Drivers License #	State Expir	ation date	
Are you 18 years of age or older? Federal law requires you to provide leg	Are you a U.	S. Citizen? rk at time of hire.	
 Have you previously worked for Ida If yes, what year did you terminate? 		YES	NO
2. Have you any relatives employed b List names, relationships and depar			
3. Were you ever discharged or forced	l to resign a position		
4. Have you ever been convicted of a f Except as required by law, prior cor an automatic bar to employment.		te	
 Have you ever been convicted of dr other major driving violation, or had violations within the past 12 months 	l two or more moving	e or	
Use this space, and an attachment if nec	essary, regarding any "Y	ES" answers above	or for any other

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Do you have a high school diploma or GED Certific	cate?	Yes	No	
Name & location of College/University attended	Major		Degree Y/N	Year
Business, Correspondence, Apprenticeship, Vocatio	onal, Man	power Tra	aining, Trade or	Service Schools
Name & location	Course	e of Study	Duration	Completion Date
Certificates of professional or vocational competend	ce or licei	nses		
Type State of Issue		Date of	Issue	Date Expires
Bilingual Skills: Language Language	Speak Speak		Read Read	Write 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**

PROVIDE ANSWERS	OK N/A ON THE	LINES BELOW
Standard	# Times Used	Date last used
Any usage within the last 2 years or over 100 times		
Any usage within the last 2 years or over 100 times		
Any usage within the last 2 years or over 100 times		
Any usage within the last 2 years or over 100 times		
Any usage within the last 2 years or over 100 times		
Non-prescribed usage within the last 5 years		
Any usage within the last 2 years or over 5 times		
Any usage	Unacceptable	
	Standard Any usage within the last 2 years or over 100 times Any usage within the last 2 years or over 100 times Any usage within the last 2 years or over 100 times Any usage within the last 2 years or over 100 times Any usage within the last 2 years or over 100 times Non-prescribed usage within the last 5 years Any usage within the last 2 years or over 5 times Any usage Any usage Any usage Any usage Any usage	Any usage within the last 2 years or over 100 times

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 addition pages if needed.

				THIS SECTION MUST BE COMPLETED EVEN IF YOU ARE SUBMITTING A RESUME!					
Employer		Address							
Phone ()	Dates Employed From	То	Supervisor						
Salary\$	_ Reason for leaving	Hours worked per week	May we contact? Yes	No					
Job Title & D	Duties								
Employer		Address	City/State/Zip						
	Dates Employed From								
	_ Reason for leaving		-	No					
Job Title & D	Duties								
Employer		Address	City/State/Zip						
Phone ()	Dates Employed From	цТо	Supervisor						
Salary \$	_ Reason for leaving	Hours worked per week	May we contact? Yes	No					
Job Title & D	Duties								
Employer		Address	City/State/Zip						
Phone ()	Dates Employed From	иТо	Supervisor						
Salary \$	_ Reason for leaving	Hours worked per week	May we contact? Yes	No					
Job Title & D	Duties								
Employer		Address	City/State/Zip						
Phone ()	Dates Employed From	аТо	Supervisor						
Salary \$	_ Reason for leaving	Hours worked per week	May we contact? Yes	No					