



## MINIDOKA COUNTY SHERIFF APPLICATION FOR EMPLOYMENT



It is the policy of the Minidoka County Sheriff to provide equal opportunities without regard to race, color, religion, sex, national origin, age disability, veteran or military status.

Please complete each section on the application and we will carefully examine the possibilities of your employment with us. Each section and question must be fully and accurately answered. No action will be taken on an incomplete application. The original application with signatures must be returned to the sheriff's office.

The physical and mailing address to the sheriff's office is: Minidoka County Sheriff's Office 724 H Street / P.O. Box 368 Rupert, Idaho 83350.

**Please provide the following documents with your application.**

1. Copy of your birth certificate
2. Copy of your driver's license
3. Copy of your Social Security Card
4. Copy of High School Diploma or GED
5. Copy of College Transcripts if applicable
6. Copy of Police Training Certificates if applicable
7. Copy of DD 214 page 4 with Discharge/Re-enlistment Code if applicable

**Note:** It is the intention of the Minidoka County Sheriff's Office to adhere to the guidelines set by P.O.S.T. for the minimum standards for employment as a peace officer.



If so, where: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

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

Name and dates of the high school(s) attended: \_\_\_\_\_  
\_\_\_\_\_

Did you attend or graduate college? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and dates of the college(s) attended: \_\_\_\_\_  
\_\_\_\_\_

Do you have a degree? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have experience with the following?

Typewriter: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, words per minute: \_\_\_\_\_

Computer: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list experience: \_\_\_\_\_  
\_\_\_\_\_

Do you speak a foreign language? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list language(s): \_\_\_\_\_  
\_\_\_\_\_

Please list any other specialized training that would aid in the position you are applying  
for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY EXPERIENCE**

(If applicable)

Branch of Service: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Re-enlistment Code: \_\_\_\_\_ Separation Code: \_\_\_\_\_

Highest rank held: \_\_\_\_\_ Rank at the time of discharge: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list the last ten (10) years of work experience beginning with the most recent job.  
Additional information may be submitted by attaching a resume.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

Please list three (3) personal references that are **not** related to you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How long known: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How long known: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How long known: \_\_\_\_\_

**RELATIVES**

Please list three (3) relatives that we may contact.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How related: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How related: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How related: \_\_\_\_\_

**MARITAL STATUS**

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

In case of an Emergency Contact: \_\_\_\_\_



I, \_\_\_\_\_, hereby certify that the answers and statements listed herein are true and correct to the best of my knowledge. I further understand that any answers or statements contained herein that are found to be false or untrue may be grounds for my dismissal from the Minidoka County Sheriff's Office and/or disapproval of my application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MINIDOKA COUNTY SHERIFF'S OFFICE**  
**RELEASE OF INFORMATION WAIVER**

I, \_\_\_\_\_, am making application to become an employee of the Minidoka County Sheriff's Office and hereby agree to the following conditions listed in the release waiver.

I understand that the Minidoka County Sheriff's Office will perform a background investigation to ensure that I have the necessary skills, abilities, and background to properly perform the duties of an employee for this agency. I understand that certain employment positions (certified peace officer) in the Minidoka County Sheriff's Office may require a physical agility test as a part of the hiring process and agree to take any required physical test. I recognize and understand that the referenced background investigation will include, but will not be limited to inquiries that are designed to determine and/or confirm my personal history and to determine whether or not I have at any time in the past or am presently involved in any conduct which the Minidoka County Sheriff's Office deems behavior which would disqualify me from employment as a law enforcement employee, including but not limited to criminal misconduct, domestic violence, use of illegal drugs, dishonesty and/or immoral behavior, misconduct in other employment as a law enforcement employee. I understand that if a conditional offer is made to me, I may be required to submit to drug screening, Psychological exam, physical exam conducted by a medical professional, and a Polygraph or CVSA exam.

I hereby authorize the Minidoka County Sheriff's Office to conduct a complete and thorough background investigation of my personal history and financial history, including the personal history questionnaire, and hereby release any organization or person(s) who furnish information for the purpose of determining by eligibility for employment from any and all liability. I authorize my former and current employers along with the references listed herein to release any and all information, positive or negative, to the Minidoka County Sheriff's Office about which they may inquire. I indemnify the Minidoka County Sheriff's Office against any liability that might result from such an investigation. I understand if I am currently employed by a law enforcement agency, whether employed as a law enforcement officer, civilian or non-sworn, correctional officer or any other position with a criminal justice related agency of any type, I understand that information obtained during this investigation and/or the results of this background investigation may be made available to my current employer, whether or not I am offered employment with the Minidoka County Sheriff's Office. I understand that this disclosure may result in adverse consequences to me in my current job, including but not limited to termination from employment, negative reference information being provided in the future and possible criminal investigation and/or prosecution. I also understand that I am not entitled to know the contents of the results of the background investigation report.

I agree that a photocopy or facsimile of this release will be as valid as an original, even though said copy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Upon a conditional offer of employment I hereby authorize the release of any and all medical, mental, or emotional information to the Minidoka County Sheriff's Office. I also authorize the medical/mental personnel to discuss the information contained therein. I understand that this information will be kept confidential and will not be released without my express written authorization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*\* OFFICE USE ONLY \*\*\***

NCIC Check: Date: \_\_\_\_\_ By: \_\_\_\_\_

Driving History Check: Date: \_\_\_\_\_ By: \_\_\_\_\_

Local Wanted Check: Date: \_\_\_\_\_ by: \_\_\_\_\_

Criminal History Check: Date: \_\_\_\_\_ By: \_\_\_\_\_

Reference Check: Date: \_\_\_\_\_ By: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Position: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Attach Findings: \_\_\_\_\_