

## **HOW BEST TO APPLY FOR EMPLOYMENT FOR SHOSHONE COUNTY SHERIFF'S OFFICE**

The filling of positions from outside Shoshone County Sheriff's Office shall be accomplished through a competitive process open to the public. All positions open to the public are advertised in the local paper. A competitive process will be used and may include, but not be limited to, ratings of training and experience, written examination, oral board interview, physical fitness, or other qualifications which are job related. Following the instructions below will ensure that your application is given careful consideration.

1. Carefully read the Notice of Job Opening and Job Description. They contain useful information on closing dates and other pertinent information you will need to know.
2. Application for Shoshone County Sheriff's Office employment **must** be submitted to the Shoshone County Human Resource Office for you to be considered for an advertised position. Resumes will not be accepted and/or used in lieu of an application. It is acceptable to attach a resume. However, a resume is **not** a substitute for the application.
3. Fill out the job application completely and accurately, including telephone numbers, dates, places of employment, address, etc. It is your responsibility to update your application with any address or telephone number changes.
4. You must complete a separate application for each advertised position
5. **Sign** the application and submit/mail it to:

Shoshone County Sheriff's Office  
717 Bank Street  
Wallace, ID 83873

7. **DO NOT CALL** us after submitting your application. Be assured if the County needs additional information, schedule an interview, or for any other reason needs to contact you, we will make every effort to do so.

**Failure to observe the above instructions may disqualify you for consideration for employment.**

**SHOSHONE COUNTY SHERIFF OFFICE**

**APPLICATION FOR APPOINTMENT**

(\*ANSWERING IS OPTIONAL, # ANSWER IF APPLYING FOR PATROL, JAIL, DISPATCH)

POSITION APPLYING FOR:

PATROL             DISPATCH             JAIL             OTHER

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ID \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DL # \_\_\_\_\_ STATE \_\_\_\_\_

I HAVE LIVED IN SHOSHONE COUNTY FOR \_\_\_\_\_

IF APPOINTED I CAN SUPPLY MY BIRTH CERTIFICATE & PROOF OF U.S. CITIZENSHIP

CHECK ONE                     YES                     NO

**MARITAL STATUS**

CHECK ONE:     SINGLE     MARRIED     WIDOWED     DIVORCED     SEPARATED

NAME OF SPOUSE\* \_\_\_\_\_ DATE OF BIRTH\* \_\_\_\_\_

IF EMPLOYED, BY WHOM\* \_\_\_\_\_

NAME, AGE & ADDRESS OF DEPENDENTS\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY SHOSHONE COUNTY? IF SO, WHEN AND IN  
WHAT DEPARTMENT?

\_\_\_\_\_

**EDUCATION**

CHECK ONE:     HIGH SCHOOL DIPLOMA     GED     COLLEGE EDUCATION     DEGREE

SPECIAL SKILLS OR TRAINING \_\_\_\_\_

\_\_\_\_\_

CAN YOU TYPE?     YES     NO    IF YES, HOW MANY WORDS PER MINUTE? \_\_\_\_\_

SPECIAL NOTE: THE SHOSHONE COUNTY SHERIFF'S OFFICE DOES COMPLY WITH STATE STATUTES CONCERNING THE APPOINTMENT OF VETERANS AND WIDOWS

**SHOSHONE COUNTY SHERIFF OFFICE**

LIST ANY PHYSICAL HANDICAPS (explain in detail) \_\_\_\_\_  
\_\_\_\_\_

**LIST JOBS BEGINNING WITH YOUR PRESENT POSITION & WORK BACKWARDS\***

1. BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
JOB DESCRIPTION \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SHOSHONE COUNTY SHERIFF OFFICE**

DO YOU HAVE FURTHER DOCUMENTATION ATTACHED TO APPLICATION?

YES

NO

EXPLANATION OF DOCUMENTATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A MISDEMANOR OR A FELONY?

YES

NO

WHEN/WHERE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A DUI?  YES  NO

WHEN/WHERE: \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED THAT ANY OFFER OF APPOINTMENT BY THE SHOSHONE COUNTY SHERIFF OFFICE TO THE APPLICANT, IS BASED UPON THE TRUTHFULNESS OF STATEMENTS HERIN CONTAINED.

FALSE INFORMATION GIVEN BY THE APPLICANT MAY BE USED AS A BASIS FOR THE RECESSIO FO THE APPOINTMENT AFTER THE APPOINTMENT HAS BEE GRANTED TO THE APPLICANT.

**FOR OFFICE USE ONLY**

CRIMINAL HISTORY CHECK  POSITIVE  NEGATIVE

**ATTACH DOCUMENTATION TO APPLICATION**

**SHOSHONE COUNTY SHERIFF OFFICE**

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I authorize you to furnish the Shoshone County Sheriff Office with any and all information that you have concerning me, my work record, and any confidential or privileged information. Your replay will be used to assist the Shoshone County Sheriff Office in determining my qualifications for the position I am seeking with the agency.

I understand my rights under Title 5, United States Code, and the Privacy Act of 1974 and waive those rights with the understanding that the information furnished will be used by the Shoshone County Sheriff Office only.

I hereby release you, your organization and others from liability damage, which may result from furnishing the information requesting.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Residence)

\_\_\_\_\_  
(Expiration)

**SHOSHONE COUNTY SHERIFF'S OFFICE**

**DETENTION CENTER**

**QUALIFICATION/WILLINGNESS APPLICATION**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
City State Zip Code

This application contains statements about work situations or duties that Deputies/Officers perform on the job at the Detention Center. Read each statement and decide if you are willing to perform this type of work. A "yes" response indicates that you are willing to work as required.

1. \_\_\_ Yes. \_\_\_ No. I am willing to work in a high-stress and hostile environment.
2. \_\_\_ Yes. \_\_\_ No. I am willing to sacrifice my own safety for the safety of the staff.
3. \_\_\_ Yes. \_\_\_ No. I understand that I may be subject to harassment, threats, and verbal abuse.
4. \_\_\_ Yes. \_\_\_ No. I am willing to deal with violence, break up fights, and control disturbances.
5. \_\_\_ Yes. \_\_\_ No. I am willing to conduct a thorough body search of prisoners or other suspects for contraband and/or weapons.
6. \_\_\_ Yes. \_\_\_ No. I am willing to work alone and unarmed to guard and/or supervise activities of unrestrained inmates.
7. \_\_\_ Yes. \_\_\_ No. I am willing to follow a precise search routine of housing units, cells, or dormitory-style living units.
8. \_\_\_ Yes. \_\_\_ No. I am willing to work in confined spaces, control rooms, or other areas within the Detention Center.
9. \_\_\_ Yes. \_\_\_ No. I am willing to develop my skill in the use of firearms and will fire a weapon at an individual when and if necessary.
10. \_\_\_ Yes. \_\_\_ No. I am willing to participate in training to learn and develop techniques and skills required of a Detention Center Deputy Sheriff.

11. \_\_\_ Yes. \_\_\_ No. I am willing to work in a disciplined law enforcement environment and to carry out lawful orders even if I may not agree with them.
12. \_\_\_ Yes. \_\_\_ No. I am willing to take instructions and abide by the Shoshone County's current and relevant employment policies, Shoshone County Sheriff's Office personnel manuals, and the Shoshone County Detention Center Policy and Procedure manual.
13. \_\_\_ Yes. \_\_\_ No. I am willing to transport inmate(s), alone on occasion, both in and out of the State of Idaho.
14. \_\_\_ Yes. \_\_\_ No. I am willing to conduct investigations as directed, write reports, and testify in court or other formal proceedings as needed.
15. \_\_\_ Yes. \_\_\_ No. I am willing to work twelve (12) hour shifts, and in case of emergency or at the direction of the shift supervisor, work more than a full shift.
16. \_\_\_ Yes. \_\_\_ No. I am willing to work night shift or day shift, or a combination thereof.
17. \_\_\_ Yes. \_\_\_ No. I am willing to work weekends, holidays, and overtime as directed.
18. \_\_\_ Yes. \_\_\_ No. I believe that I can set aside any personal prejudices I may have and treat all inmates in a courteous, professional, and equal manner.
19. \_\_\_ Yes. \_\_\_ No. I believe that I can perform the essential functions of this job, as outlined above, with or without a reasonable accommodation.

Because of the sensitive nature of custody work, **ALL** applicants will be subject to an extensive personal background investigation as a prerequisite to employment. Furthermore, any falsifications, omissions, deletions, or intentional acts of deceit may be grounds for disqualification and/or termination from employment.

Your signature certifies that you have read all proceeding statements and your responses are true to the best of your knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SHOSHONE COUNTY SHERIFF'S OFFICE

### DISQUALIFIERS FOR EMPLOYMENT

#### DEPUTY SHERIFF & NON-COMMISSIONED APPLICANTS

##### **Biographical/Educational Data:**

1. Falsification of any data.
2. Illegal use of aliases: name, DOB, OLN, or SSN.
3. Illegal or Resident Alien. (For Deputy Positions, P.O.S.T. will not accept.)
4. No valid driver's license.
5. All applicants must possess a high school diploma, G.E.D and/or High School Proficiency (Equivalency) Certificate.

##### **Employment History:**

1. Omission.
2. Falsifications.
3. Denials of dismissal with cause.
4. Minimizations of disciplinary action or cause.
5. Exaggerations of responsibilities.

##### **Shift Attitude, Availability, and Commitment:**

1. False claims of shift experience.
2. Dismissal or voluntary termination for inability to meet shift commitment.
3. Unwillingness or reluctance to work shifts. (Detention Center/Dispatch Positions)
4. Outside commitment that would rationally preclude shift work.

##### **Relocation and Transportation:**

1. No access to a vehicle, outside of walking distance, and/or unreliable public transportation.
2. Past dismissal or voluntary termination due to tardiness or absence resulting from commuting.
3. False claims of commuting.
4. False claims of reason for dismissal when due to commuting.

##### **Retention and Permanence:**

1. Deception about reason for leaving.
2. Unwillingness to contract to 3-year minimum. (Deputy-Training)
3. Unwillingness to withdraw other applications in the event is selected.
4. Unreasonable expectations about working conditions as reflected in frequency of resignations.  
(PERMANENCY-Lack of long-term, full-time employment, depending upon age and expected work experience)

**Financial:**

1. Cannot meet monthly obligations with salary.
2. Illegal income or indebtedness—time period, frequency.

**Drug Behaviors:**

1. Use of marijuana in the past three years.
2. Use of any other illegal drug in the past five years.
3. Any use of heroin or derivatives. (injections,)
4. Any selling, transporting, or manufacturing.
5. History of long-term abuse of illegal drugs.

**Driving:**

1. Suspended license in the past two years. P.O.S.T. Director review.
2. Driving Without Privileges in the past two years. P.O.S.T. Director review.
3. Conviction for D.U.I. in the past two years. P.O.S.T. Director review.
4. Five or more moving offenses in past three years. P.O.S.T. Council Review.
5. Non-Commissioned applicants regarding #1, #2, #3, & #4—Sheriff's review.
6. Failure to have liability insurance if owns(ed) or operates(ed) a vehicle during past three years.

**Criminal:**

1. Conviction of a Felony crime.
2. Conviction of Domestic Battery (Deputy).
3. \*Conviction of Misdemeanor sex crime, crime of deceit or drug offense unless occurred over five years ago (Deputy)—File review with P.O.S.T. Council.  
\*Willful Concealment or Petit Theft, P.O.S.T. Director review.  
\*All other Misdemeanor cases—P.O.S.T. Council review if occurred over two years ago.  
\*Non-Commissioned applicants—Sheriff's review.
4. History of numerous Felony and/or Misdemeanor offenses.

**Military Record:**

1. "Dismissal", "Dishonorable", "Bad Conduct" or administrative discharge of other than honorable (OTH) will disqualify the applicant for P.O.S.T.
2. The administrative discharge of "General under Honorable Conditions (GEN) may be grounds for rejection for P.O.S.T.

**Final Disclaimer:**

Mitigation factors surrounding the specific admitted behavior will be considered on all disqualifiers before a final decision is made on suitability for employment.

SHOSHONE COUNTY

Print Name \_\_\_\_\_

\_\_\_\_\_

STATE OF IDAHO            )  
  :SS.  
County of Shoshone        )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned Notary Public in and for the State, personally appeared, \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

\_\_\_\_\_

(SEAL)

Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_