



CASSIA COUNTY SHERIFF'S OFFICE

129 E 14th Street, Burley ID 83318 Ph.208-878-2251

Sheriff George Warrell III * Undersheriff Jarrod Thompson

LAW ENFORCEMENT APPLICATION PACKET

Patrol Deputy * Jail Detention Deputy * Dispatcher

REQUIRED DOCUMENTS**

In order to be consider the person submitting this application for employment, the following personal documents are required and need to be included with this application.

- 1. Copy of birth certificate or certificate of naturalization**
- 2. Copy of valid driver's license**
- 3. Copy of social security card**
- 4. Copy of at least one of the following:**
 - High school diploma or**
 - G.E.D. certificate or**
 - Official copy of high school transcripts or**
 - Official copy of college transcripts (minimum 15 credits earned)**
- 5. Copies of any law enforcement certificates (if applicable)**
- 6. Copy of military DD-214 long form (if applicable)**

**Applicants who wish to be considered must submit the above-mentioned documents, along with a fully completed application (including the attached waivers and personal history statement). Failure to do so may disqualify the applicant from consideration for employment at the Cassia County Sheriff's Office.

If unable to submit any of the above-mentioned documents please explain the reason here:

CASSIA COUNTY SHERIFF'S OFFICE HIRING STANDARDS

Applicants must conform to the following IDAPA Rules 11.11.01 sec. 055 of the Idaho Peace Officer Standards and Training Council (6-30-19):

INELIGIBILITY BASED UPON PAST CONDUCT.

An applicant shall be ineligible to attend a basic training academy and for certification under the following circumstances.

01. Criminal Conviction. An applicant is ineligible if he was convicted of:

- a. A felony, if the applicant was eighteen (18) years old or older at the time of conviction;
- b. A misdemeanor Driving Under the Influence offense(s) within two (2) years immediately preceding application, or two or more (2) misdemeanor Driving Under the Influence offenses within five (5) years immediately preceding application;
- c. A misdemeanor crime involving domestic violence, if the relevant law enforcement discipline requires the applicant to possess a firearm in the course of their duty, or if the conviction occurred within 5 years immediately preceding application;
- d. A misdemeanor crime of deceit, as defined in these rules, or a misdemeanor sex offense, if the conviction occurred within five (5) years immediately preceding application;
- e. A misdemeanor drug-related offense, if the conviction occurred within one (1) year immediately preceding application.

02. Driver's License. An applicant is ineligible if he does not possess a valid driving license from the applicant's state of residence and is unable to qualify for an Idaho driver's license, except for the following disciplines:

- a. Correction Officers; b. Emergency Communications Officers

03. Marijuana. An applicant is ineligible if he used marijuana, cannabis, hashish, hash oil, or THC in synthetic and natural forms, whether charged or not, if such use occurred:

- a. Within one (1) year immediately preceding application;
- b. While employed as a law enforcement officer, in a prosecutorial position, or in a position of public safety, regardless of when the use occurred.

04. Violations of Idaho Controlled Substances Act. An applicant is ineligible if he, while eighteen (18) years old or older, violated any provision of the Idaho Uniform Controlled Substances Act, Section 37-2701 et seq., Idaho Code, whether charged or not, that constitutes a felony, or of a comparable statute of another state or country, if the violation occurred:

- a. Within three (3) years immediately preceding application;
- b. While employed as a law enforcement officer, in a prosecutorial position, or in a position of public safety, regardless of when the illegal use occurred.

05. Use of Prescription or Other Legally Obtainable Controlled Substance. An applicant is ineligible if he unlawfully used any prescription drug or a legally obtainable controlled substance within the past three (3) years, unless:

- a. The applicant was under the age of eighteen (18) at the time of using the controlled substance; or
- b. An immediate, pressing, or emergency medical circumstance existed to justify the use of a prescription-controlled substance not specifically prescribed to the person.

06. Military Discharge. An applicant is ineligible if he received a “dismissal,” “bad conduct discharge” (BCD), “dishonorable discharge” (DD), or administrative discharge of other than honorable (OTH) from military service.

07. Decertification or Denial of Certification. An applicant is ineligible if he has been denied certification or his basic certificate has been revoked by the Council in this state or the responsible licensing agency in any other issuing jurisdiction, unless the denial or revocation has been rescinded by the Council or by the responsible licensing agency of the issuing jurisdiction.

ADDITIONAL CASSIA COUNTY SHERIFF'S STANDARDS

1. **NO** conviction of a felony as an adult. This policy considers as convictions withheld judgments, deferred prosecutions, and expunged records.
2. Applicant must pass a polygraph exam that includes drug use, criminal conduct and associations.
3. General misdemeanor convictions are reviewed on a case-by-case basis; however, **NO** convictions for domestic battery (includes any plea-bargained conviction associated with a domestic battery charge), child abuse, stalking, or voyeurism type of crimes. This policy considers as convictions withheld judgments, deferred prosecutions, and expunged records.
4. Any prior criminal probation must have already been successfully completed and the applicant released from probation for a minimum of 12 months prior to submitting an application.
5. **NO** active or pending felony or misdemeanor cases, or open investigations at the time of application.
6. **NO** dishonorable, bad conduct, or administrative discharge other than honorable from any U.S. military force.

PHYSICAL READINESS STANDARDS (Patrol and Detention)

All candidates for **patrol** and **jail detention** must be able to successfully complete the following minimum standards of the Idaho POST Physical Readiness Test:

- Vertical Jump: 14 inches
- Sit-ups (1 minute): 15 repetitions
- Push-ups (not timed): 21 repetitions
- 300-meter run: 77 seconds
- 1.5-mile run: 17 minutes 17 seconds

Patrol and detention candidates who fail to meet any of the physical readiness test standards during testing will be disqualified from consideration and must wait a mandatory six months before being eligible to reapply.

OTHER REQUIREMENTS

All candidates will have to pass a criminal records check, a written examination, a background investigation including a polygraph exam, and a drug screen.

Once hired, patrol deputies, jail deputies and dispatchers are required to attend (at Cassia County expense) and successfully complete the Idaho POST Patrol, Detention or Dispatch Academy in Meridian, Idaho within the first 12 months of employment.

STARTING WAGE AND BENEFITS

The starting wage for **patrol and jail detention is \$25.00 per hour** (no previous experience). Upon completion of the POST Patrol or Detention Academy, and receiving basic certification, the hourly wage increases to **\$25.75 per hour**. The starting wage for **dispatcher is \$23.96 per hour** (no previous experience) which increases to **\$25.35 per hour** upon certification.

Cassia County offers an excellent benefit package to include very affordable medical/dental insurance and PERSI Retirement.

Please submit application and direct any questions to:

Patrol and Dispatch

Lieutenant Kevin Horak
Cassia County Sheriff's Office
129 E 14th Street
Burley, ID 83318
Ph. 208-878-9313
Fax. 208-878-9797
khorak@cassia.gov

Jail Detention

Lieutenant Shannon Taylor
Mini-Cassia Criminal Justice Center
1415 Albion Ave
Burley, Idaho 83318
Ph. 208-878-1136
Fax. 208-878-8550
staylor@cassia.gov

APPLICATION FOR EMPLOYMENT

"CASSIA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER"

"PRIDE IN PROFESSIONALISM"

Name _____
Last First Middle

Address _____
Number Street Name Apt # if applicable

City State Zip Code

Day Phone # _____ After hours # _____

Email: _____

Social Security Number _____

Position(s) applied for:

Patrol Deputy Jail Detention Deputy Both Patrol and Jail Detention

Dispatch Other: _____ Salary Required _____

If applying for Patrol, are you over the age of 21? Yes No

If applying for Jail Detention, are you over the age of 20? Yes No

If applying for Dispatch or other position, are you over the age of 18? Yes No

Are you legally eligible for employment in the United States of America? Yes No

If hired, can you provide proof of U.S. citizenship? Yes No

****For positions requiring the operation of motor vehicles:**

Do you have a valid driver's license? Yes No

Please give the license number and state issued

Type of license _____ State

_____ None

_____ Operator

_____ Commercial (Indicate what class)

Have you ever been convicted of a criminal offense? Yes No

(A conviction will not necessarily disqualify an applicant)

If yes, please explain _____

Do you have any immediate relatives working for the Cassia County Sheriff's Department? Yes No

If yes, please give the following:

Name Relationship Department

Have you ever applied for a position with Cassia County before? Yes No

If yes, list what position(s) and approximate date(s):

EDUCATION AND TRAINING

Do you have a high school diploma or equivalent (GED) Yes No

Name and location of school awarding diploma or GED

School Location

EDUCATION OR SPECIAL TRAINING AFTER HIGH SCHOOL

<u>NAME OF SCHOOL/LOCATION</u>	<u>MAJOR COURSE</u>	<u>CREDIT HOURS COMPLETED</u>	<u>TYPE OF DEGREE DATE RECEIVED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Can you speak, read or write any foreign languages? Yes No

If yes, please list them _____

MILITARY EXPERIENCE

If you have been or are presently in the armed services, please indicate the following:

Branch _____ Date entered _____

Month/Year

Type of discharge _____ Date discharged _____

Month/Year

Are you claiming a veteran's preference? Yes No

Please indicate the highest rank or grade received _____

Basis for preference _____

PLEASE ATTACH ALL DISCHARGE PAPERWORK WITH THIS APPLICATION (DD-214, ETC)

PERSONAL REFERENCES

Personal references must be people **not related to you** who have known you for at least three years (Related shall mean any person related by blood or marriage who is a grandparent, parent, child, brother, or sister). During the course of the background investigation, persons who know you will be asked to comment on your suitability for the position for which you are applying. Inquiries will be confined to job-relevant matters.

Name **Business/Personal Relationship** **Phone Number**

- 1. _____
- 2. _____
- 3. _____

LAW ENFORCEMENT REFERENCES

List any law enforcement officers, judges or prosecutors that know you that can give you a reference. If you do not know any of the above, leave this blank.

Name	Phone Number	Job Title

PHYSICAL INFORMATION

Do you have any physical limitations that would preclude you from performing any work for which you are presently being considered?

Yes No

If yes, please explain: _____

What can be done to accommodate your limitations? _____

POLICE BACKGROUND

Please describe all work experiences or any other kind of experience, training, classes or any kind of qualification in police work _____

Have you ever been convicted, pled guilty, received a withheld judgment or was convicted of any felony or misdemeanor criminal charges involving dishonesty?

Yes

No

If yes, please state date and circumstances (use a piece of paper if necessary) _____

EMPLOYMENT HISTORY

**List the last ten years of work experience beginning with the most recent.
Do not omit anything.**

Name of employer		Position	
<hr/>			
Address	City	State	Zip code
<hr/>			
Phone number		Name and title of Supervisor	
<hr/>		<hr/>	
Dates employed (Start/End dates)		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>		<hr/>	
Was this job full or part time? _____		Yearly income \$ _____	
<hr/>		<hr/>	
Reason(s) for leaving: _____			
<hr/>			
<hr/>			
Brief description of duties: _____			
<hr/>			
<hr/>			

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Name of employer		Position	
<hr/>			
Address	City	State	Zip code
<hr/>			
()			
Phone number		Name and title of supervisor	
<hr/>		<hr/>	
Dates Employed (Start/End dates)		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>		<hr/>	
Was this employment full or part time? _____		Yearly income \$ _____	
<hr/>		<hr/>	
Reason(s) for leaving _____			
<hr/>			
<hr/>			
Brief description of duties _____			
<hr/>			

Name of employer		Position	
Address	City	State	Zip code

()

Phone number	Name and title of Supervisor
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_____ May we contact this employer? Yes No

Dates employed (Start/End dates)

Was this job full or part time? _____ Yearly income \$ _____

Reason(s) for leaving: _____

Brief description of duties: _____

Name of Employer		Position	
Address	City	State	Zip code

Phone number	Name and title of supervisor
--------------	------------------------------

_____ May we contact this employer? Yes No

Dates Employed (Start/End dates)

Was this employment full or part time? _____ Yearly income \$ _____

Reason(s) for leaving _____

Brief description of duties _____

Name of employer _____ Position _____

Address _____ City _____ State _____ Zip code _____

Phone number _____ Name and title of Supervisor _____

_____ May we contact this employer? Yes No
Dates employed (Start/End dates)

Was this job full or part time? _____ Yearly income \$ _____

Reason(s) for leaving: _____

Brief description of duties: _____

Name of employer _____ Position _____

Address _____ City _____ State _____ Zip code _____

Phone number _____ Name and title of supervisor _____

_____ May we contact this employer? Yes No
Dates Employed (Start/End dates)

Was this employment full or part time? _____ Yearly income \$ _____

Reason(s) for leaving _____

Brief description of duties _____

Name of employer _____ Position _____

Address _____ City _____ State _____ Zip code _____

Phone number _____ Name and title of Supervisor _____

_____ May we contact this employer? Yes No
Dates employed (Start/End dates) _____

Was this job full or part time? _____ Yearly income \$ _____

Reason(s) for leaving: _____

Brief description of duties: _____

Name of employer _____ Position _____

Address _____ City _____ State _____ Zip code _____

Phone number _____ Name and title of supervisor _____

_____ May we contact this employer? Yes No
Dates Employed (Start/End dates) _____

Was this employment full or part time? _____ Yearly income \$ _____

Reason(s) for leaving _____

Brief description of duties _____

BACKGROUND CHECK RELEASE

I HEREBY authorize Cassia County to run a driver's license and background check in determining my eligibility for employment with Cassia County.

I HEREBY release Cassia County and their employees from any liability of any kind arising from the driver's license and background check.

Driver's License Number _____ State _____

Name _____ Date of Birth _____

Signature (Required)

Date

INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for employment with the Cassia County Sheriff's Office. Please fill out the questionnaire completely and accurately.

Keep in mind that:

1. The completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly and honestly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the job for which you are applying. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

The ***Americans with Disabilities Act*** prohibits employers from making medically-related inquiries prior to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, **do not** divulge information concerning physical or medical conditions, either past or present.

Please print in ink or type your responses for this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

I have read the above instructions to the Applicant and agree to the terms herein described.

Signature of Applicant (Required)

Date

CASSIA COUNTY RELEASE OF INFORMATION WAIVER

I understand that I may be required to submit to a polygraph examination, fingerprinting, and physical ability testing (police candidates only) during the processing of my application. If an offer is made to me, I may be required to submit to drug screening and a polygraph examination for determining my suitability for employment or to resolve issues related to my employment. I, also, understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for dismissal from the Cassia County Sheriff's Office. I agree to these conditions and I hereby certify that all statements made by me on this application are true and correct, to the best of my knowledge.

I HEREBY AUTHORIZE THE CASSIA COUNTY SHERIFF'S OFFICE TO CONDUCT A COMPLETE INVESTIGATION OF MY PERSONAL AND FINANCIAL HISTORY, INCLUDING THE PERSONAL HISTORY QUESTIONNAIRE, AND HEREBY RELEASE ANY ORGANIZATION OR PERSON(S) WHO FURNISH INFORMATION FOR THE PURPOSE OF DETERMINING MY ELIGIBILITY FOR EMPLOYMENT. I AUTHORIZE MY FORMER EMPLOYERS AND REFERENCES LISTED HEREIN TO RELEASE ANY AND ALL INFORMATION TO THE CASSIA COUNTY SHERIFF'S OFFICE ABOUT WHICH THEY MAY INQUIRE ABOUT. I ALSO AUTHORIZE THE CASSIA COUNTY SHERIFF'S OFFICE TO OBTAIN ANY AND ALL DOCUMENTS RELATED TO MY CURRENT STATUS OF CERTIFICATION AS A LAW ENFORCEMENT OFFICER FROM THE PEACE OFFICERS STANDARDS AND TRAINING ACADEMY OR OTHER STATE AGENCY THAT CERTIFIES LAW ENFORCEMENT OFFICERS. I SUPPLY SUCH INFORMATION IN GOOD FAITH. I INDEMNIFY CASSIA COUNTY SHERIFF'S OFFICE AGAINST ANY LIABILITY THAT MIGHT RESULT FROM SUCH AN INVESTIGATION. I UNDERSTAND THAT THE INFORMATION WILL NOT BE RELEASED TO ANY PERSONS OR ORGANIZATIONS NOT DIRECTLY INVOLVED IN THIS PRE-EMPLOYMENT INVESTIGATION. IF I AM NOT EMPLOYED, THIS INFORMATION WILL NOT BE RELEASED TO ANYONE WITHOUT MY SPECIFIC WRITTEN AUTHORIZATION. I UNDERSTAND THAT I WILL NOT RECEIVE AND AM NOT ENTITLED TO KNOW THE CONTENTS OF CONFIDENTIAL REPORTS RECEIVED, AND I FURTHER UNDERSTAND THAT THESE REPORTS ARE PRIVILEGED.

This release is activated as of the date of signing this document. A photocopy or facsimile of this release is to be considered as valid as an original.

Signature of Applicant (Required)

Date

Witness Name and Signature (Required)

Date

PERSONAL HISTORY QUESTIONNAIRE

**ANY QUESTIONS ANSWERED WITH A "YES" MUST BE
EXPLAINED IN DETAIL. USE A SEPARATE
ADDENDUM, IF NECESSARY**

**All information contained in this document is confidential and
shall be reviewed by authorized personnel only.**

CONFIDENTIAL

DRUG USE

Have you ever used any of the following drugs? ("Used" is defined as: any intentional or unintentional trying, testing or experimenting which includes but is not limited to tasting, smoking, injecting, absorbing, sniffing or inhaling.) You must check "Yes" or "No" after each drug. List the date of last use after each drug.

Marijuana	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Codeine (w/o prescription)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Hashish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Hallucinogenic mushrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Valium	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Methamphetamine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Heroin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Ephedrine (Cross tops)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Cocaine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
LSD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Steroids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
PCP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Other hallucinogenic drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Unlawful use of Rx drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____
Any other illicit use of drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last use: _____

1. Have you ever purchased any of the drugs mentioned?
 Yes No
2. Have you ever sold or offered for sale any of the drugs mentioned including prescription drugs? Yes No
3. Have you ever transported any of the drugs mentioned?
 Yes No
4. Have you ever manufactured or assisted in the manufacturing of any drugs?
 Yes No

5. Has anyone ever told you that you drink too much?

- Yes No

6. Have you ever suffered from an alcohol problem?

- Yes No

7. Do you now or have you previously used alcoholic beverages?

- Yes No If so, to what extent? _____

If you answered **Yes** to any of the drug use questions, please explain the circumstances. (Attach additional sheet if necessary) _____

SEX CRIMES

1. Have you ever engaged in a sex act for money?

- Yes No

2. Have you ever forced any person to have sexual contact with you?

- Yes No

3. Have you ever had sexual contact with anyone who was mentally or physically helpless? Yes No

4. Have you ever had any sexual contact with anyone under 18 years old since you became an adult? Yes No

5. Have you ever been involved in any (other) illegal sexual activity?

- Yes No

If you answered **Yes** to any of questions 1-5, please explain and include **dates** when it happened _____

HONESTY

1. Have you ever stolen anything from anyone else?
 Yes No
2. Have you knowingly had any stolen property in your possession?
 Yes No
3. Have you ever helped anyone steal from an employer?
 Yes No
4. Have you ever knowingly sold or purchased any stolen property?
 Yes No
5. Have you ever lied to an employer, when, if you had told the truth, you could have been dismissed?
 Yes No
6. Have you ever knowingly helped anyone steal something that did not belong to them?
 Yes No

If you answered **Yes** to any questions 1-6, please explain and include **dates** when it happened: _____

SUMMARY

1. Have you deliberately falsified any of the answers you have given?

Yes No

2. Have you withheld any information about an incident or condition which might open you to pressure or blackmail?

Yes No

3. In addition to what you have declared, are you aware of anything in your personal background that might compromise your ability to do the work of an employee of the Cassia County Sheriff's Department?

Yes No

4. Did you cheat, lie or misrepresent yourself in any way in seeking this position?

Yes No

5. Are you aware of any information not previously disclosed or discussed about yourself or any person with whom you are or have been closely associated, which may tend to reflect unfavorably on yourself?

Yes No

If you answered **Yes** to any of these questions, please explain below: _____

FINANCIAL INFORMATION

It is the position of the Cassia County Sheriff's Department that the management of personal finances is relevant to an individual's qualifications for any position within the department. Be complete and accurate.

7. In the past 10 years have you filed for or declared bankruptcy?

Yes No

If yes, when and explain circumstances: _____

9. In the past 5 years have you had any accounts turned over to a collection agency? Yes No

If yes, when and explain circumstances: _____

10. In the past 5 years have you had purchased goods repossessed?

Yes No

If yes, when and explain circumstances: _____

11. In the past 10 years have you had your wages garnished?

Yes No

If yes, when and explain circumstances: _____

12. In the past 10 years have you been delinquent on income tax payments to state or federal agencies? Yes No

If yes, when and explain circumstances: _____

DECLARATIONS

1. Do you advocate or are you a member of any organization, political or otherwise, that advocates the overthrow of the government of the United States or the State of Idaho by force or violence or other unlawful means? Yes No

If yes, give the name of the organization or party of which you are affiliated _____

2. Have you ever been a member of any organization, political or otherwise, that advocate the overthrow of the government of the United States or the State of Idaho by force or violence? Yes No

If yes, please when and with which party: _____

3. Are you willing to take an oath to support the Constitution and laws of the United States and the Constitution and the laws of the State of Idaho? Yes No

Remarks: _____

AVAILABILITY OF APPLICANT

1. Have you previously submitted an application for employment with the Cassia County Sheriff's Department? Yes No

If yes, approximate date _____

2. Have you ever taken a polygraph examination? Yes No
If yes, Date _____ Administered by _____
City _____ State _____

3. What is the earliest date that you would be available for employment?
Date _____

PATROL AND JAIL DEPUTY CANDIDATES ONLY

Answer the following questions if you are applying for the position of Patrol deputy or Jail Detention deputy:

1. Could you use physical force to effect an arrest if it was necessary and approved by department policy? Yes No
2. Could you use deadly force on another person if it was necessary and approved by department policy? Yes No
3. Are there any duties you know of that are performed by a police officer that you think might be difficult for you to do? Yes No

If yes, please explain: _____

4. Have you attended a Peace Officer Standards and Training Academy in Idaho or any other state? Yes No

If yes, complete the following: Date attended ____/____/____

State attended _____ Graduate Yes No

(Attach copy of certification)

5. Are you currently a certified police officer in Idaho or any other state?

Yes No

6. If certified, what certification do you hold? _____

List total law enforcement training hours: _____

Are you currently working as a law enforcement officer in Idaho or any other state? Yes No

7. If not currently a law enforcement officer, but you have been a law enforcement officer in the past, please explain below: _____

IF YOU ARE CURRENTLY, OR HAVE BEEN A LAW ENFORCEMENT OFFICER AT ANY TIME, COMPLETE THE FOLLOWING:

5. Have you ever used excessive force to arrest a violator? Yes No

6. Have you ever consumed alcohol and/or illegal drugs while on duty?

Yes No

7. Have you ever lied to a superior when confronted with anything that you felt you may be disciplined for? Yes No

8. Have you ever lied to a superior to keep a fellow officer from being disciplined? Yes No

9. Have you ever deliberately violated policy or procedures because you did not agree with them? Yes No

If Yes, please explain: _____

10. Have you ever used your position as a law enforcement officer for personal benefit? Yes No

11. Have you ever done anything, as a law enforcement officer, that would be considered unethical? Yes No

12. Have you ever committed perjury, either while testifying in court or on a sworn affidavit? Yes No

13. Do you believe that you should do anything to arrest and convict a person up to fabricating reports, affidavits, etc.?

Yes No

Explain your answer: _____

DISPATCH CANDIDATES ONLY

NOTE: Complete pages 29 and 30 ONLY if you are applying for the dispatch position.

This evaluation is intended for your use to help you determine whether you are making the correct decision in applying for the job of communications officer at the Cassia County Sheriff's Department. The following requirements need to be understood by all candidates for this position. Please answer the following questions.

1. Are you willing to work an irregular shift schedule during your probation period where one week you may be on day shift and the next day on midnight shift? Yes No
2. Are you willing to work weekends, holidays, birthdays, anniversaries, etc.? Yes No
3. Are you willing to accept last minute changes in your work schedule that may require you to cancel personal plans? Yes No
4. Are you willing to be subjected to profane and abusive language on the phone or from a person in the foyer and deal with the situation without becoming emotionally involved? Yes No
5. Are you willing to work rotating shifts? Yes No
6. Are you willing to take directions from a supervisor in front of your peers? Yes No
7. Are you willing to work a shift with the possibility of no breaks or lunch periods due to activities? Yes No

8. Are you willing to work in an environment with few windows and little ventilation? Yes No
9. Are you willing to work at a 911 dispatch station which restricts your movements to a small room, except for breaks, during a scheduled shift? Yes No
10. Are you willing to learn all the functions of this job, including complaint taking, answering questions, processing calls for citizens, law enforcement, ambulance and fire dispatching, which require receiving and transmitting messages over a radio frequency? Yes No
11. Are you willing to read and study several hundred pages of manuals and take written tests? Yes No
12. Do you understand when on this job, processing a call incorrectly could contribute to someone's property being lost or damaged or someone could be seriously injured or die? Yes No
13. Are you willing to be closely supervised and questioned routinely about why you followed a certain course of action without taking it personally? Yes No
14. This job requires you to copy information as it is being received, simultaneously comprehend what you heard and respond immediately. Is this something you would be able to accomplish? Yes No
15. Are you willing and able to deal calmly with angry people when the problem is not your fault? Yes No
16. Are you willing to deal with a crisis call where a child might have died, an officer injured or a woman assaulted and set it aside to continue to calmly deal with an irate citizen complaining about a barking dog? Yes No
17. Cassia County Sheriff's Department is a "no smoking" facility. Are you willing to go without a cigarette for an entire shift, if necessary, and smoke outside? Yes No
18. Are you willing to work under constant electronic surveillance that records all telephone and radio messages? Yes No
19. Are you willing to go to out-of-town schools, at the sheriff's Department expense, in order to further your training? Yes No

