

Applicant Name: _____
Print Legibly

BANNOCK COUNTY JUVENILE JUSTICE AND DETENTION BACKGROUND INFORMATION

A. PERSONAL BACKGROUND INFORMATION

Employing Agency: _____ DATE: _____

1. Applicant's Social Security Number: _____ - _____ - _____
2. Place of Birth _____

Date of Birth City County State Country (if not the United States)

3. If applying for detention officer/jailer position only, are you Male or Female
4. Height: _____ Weight: _____
5. Marital Status: Married Divorced Separated Widowed Never Married
6. Spouse or Significant Other's Name and Address (if different):

Name

Address

City County State Zip

7. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicant's)

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8. Former Spouse(s) or Significant Other(s) Name(s) and Address(s) (use additional sheets if necessary):

(1) Name

Address

City County State Zip Code

(2) Name

Address

City County State Zip Code

(3) Name

Address

City County State Zip Code

9. Have you ever illegally experimented with or illegally used any narcotic or controlled substance such as, but not limited to (you MUST check a box for each substance):

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cannabinoids (e.g. marijuana, hashish) |
| <input type="checkbox"/> | <input type="checkbox"/> | PCP or other hallucinogens |
| <input type="checkbox"/> | <input type="checkbox"/> | Methaqualone |
| <input type="checkbox"/> | <input type="checkbox"/> | Cocaine |
| <input type="checkbox"/> | <input type="checkbox"/> | LSD |
| <input type="checkbox"/> | <input type="checkbox"/> | Amphetamines |
| <input type="checkbox"/> | <input type="checkbox"/> | Heroin |
| <input type="checkbox"/> | <input type="checkbox"/> | Steroids |
| <input type="checkbox"/> | <input type="checkbox"/> | Opiates |
| <input type="checkbox"/> | <input type="checkbox"/> | Barbiturates |
| <input type="checkbox"/> | <input type="checkbox"/> | Benzodiazepine |
| <input type="checkbox"/> | <input type="checkbox"/> | Any synthetic narcotic, designer drugs, or any drug of a similar nature |

If you checked any of the above, complete the following for each drug (use additional paper if necessary):

- a. Drug(s): _____
- b. How taken: _____
- c. Last time illegally experimented with or used: _____

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10. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to (you MUST check a box for each substance):

YES NO

- Cannabinoids (e.g. marijuana, hashish)
- PCP or other hallucinogens
- Methaqualone
- Cocaine
- LSD
- Amphetamines
- Heroin
- Steroids
- Opiates
- Barbiturates
- Benzodiazepine
- Any synthetic narcotic, designer drugs, or any drug of a similar nature

If you checked any of the above, complete the following for each drug (use additional paper if necessary):

Number of times illegally obtained/possessed/supplied/sold: _____

First time illegally obtained/possessed/supplied/sold: _____

Last time illegally obtained/possessed/supplied/sold: _____

11. Do you now or have you ever abused or illegally obtained, possessed or sold any prescription drug?

Yes No

If yes, provide details, including drug, date, circumstance, and whether or not you have successfully completed a substance abuse treatment program, including dates.

12. Have you ever applied for and received Worker's Compensation benefits?

Yes No

If yes, please provide details, including employer name, nature of injury, date of injury, return to work date, and any current limitations relating to the injury that may affect your ability to perform the essential functions of the position. Use additional paper if necessary.

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If yes to questions 1-3 above, list all such matters even if not formally charged, made no court appearance, found not guilty, no contest, Alford plea, received a withheld judgment or equivalent to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral or payment of bond. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.) Use additional paper if necessary.

Applicant Name	Date	City & State	Charge	Court Location	Disposition
Relative's Name	Date	City & State	Charge	Court Location	Disposition

Provide details for each response to questions 1-3. Use additional paper if necessary.

4. Do you currently have valid automobile insurance?
 Yes No Name of Company: _____

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5. Have you ever been involved in an automobile accident?

Yes No

If yes, please give details, including date(s), location, whether or not you were charged with a crime, and disposition of charge (use additional paper if necessary): _____

6. Have you or your spouse/significant other ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No

If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition. Use additional paper if necessary.

7. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No

If yes, please provide details.

8. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

If yes, please provide details.

9. Has law enforcement ever been called to your residence? Yes No

If yes, please provide details.

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D. DOMESTIC VIOLENCE INFORMATION

1. Have you ever had a Domestic Violence Protection Order issued against you? Yes No
(Include both ex-parte Domestic Violence Protection Orders and those entered subsequent to a hearing.)

Date of Issuance: _____

State, County and Court of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

2. Under federal law, you may be disqualified to receive or possess a firearm if you meet any of the following conditions. Mark each question, either "yes" or "no."

YES NO

- Have you ever had a Domestic Violence Protection Order or other Protection Order issued against you?
- Are you currently under indictment or information in any court for a crime punishable by imprisonment for a term exceeding one year?
- Have you been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.

NOTE: A "crime" punishable by imprisonment for a term exceeding one year, as discussed in above is defined in federal law so as to exclude misdemeanors in Idaho.

- Are you a fugitive from justice?
- Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?
- Have you been adjudicated mentally defective or have been involuntarily committed to a mental institution?
- Have you been discharged from the Armed Forces under dishonorable conditions?
- Are you illegally in the United States?
- Have you renounced your citizenship, having previously been a citizen of the United States?

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law?

Yes No

If yes, explain:

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3. Have you ever been convicted of a domestic violence misdemeanor under federal or state law arising out of an assault or battery involving the use or attempted use of physical force or threatened use of a deadly weapon, which was committed against a person that you were involved in a domestic relationship with? This includes:
- a. spouse;
 - b. former spouse;
 - c. a person who whom you have a child in common regardless of whether you had been married;
 - d. a person with whom you were cohabiting, whether or not you were married or held yourselves out to be husband and wife;
 - e. parent; or
 - f. child or guardian of the child.

Yes No

Offense charged: _____

Law Enforcement Agency: _____

Date: _____

Disposition: _____

E. CREDIT DATA

1. Are you behind on child support, alimony or tax (whether State or Federal) payments?

Yes No

If yes, specify each with an estimated amount in arrears:

2. Are you or your spouse/significant other indebted to anyone? Yes No

If yes, please list all debts where payment is past due, regardless of amount. Be sure to include student loans and charge accounts. Attach additional pages if necessary.

Creditor	Address	Amount Past Due	Loan or Account Number

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3. Have you, your spouse or significant other, or a company controlled by you filed for bankruptcy? Yes No,
Had a legal judgment rendered against you for a debt? Yes No,
Been subject to a tax lien? Yes No

If yes, to any of these questions, please provide details & use additional paper if necessary.

4. In the last five (5) years have you written a check on a closed account or written a check on an account with insufficient funds?
 Yes No

If yes, please explain

5. Have you ever spent money for an illegal purpose?
 Yes No

If yes, please explain

6. Have you ever fraudulently received welfare, unemployment or workman's compensation benefits?
 Yes No

If yes, please explain

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F. SIGNATURE & CERTIFICATION OF ACCURACY

I, _____, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer, and if employed, my termination from employment.

Signed this the _____ day of _____, 20____

Signature in Full

Print Named in Full

NOTARY

State of _____)
:ss.
County of _____)

On this ___ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

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

Notary Public in and for the State of _____
Residing in _____
My Commission Expires _____, 20____

(Official Seal)