

READ THESE INSTRUCTIONS FIRST!

**OFFICE OF THE SHERIFF
PERSONAL HISTORY PACKET**

This form is part of the initial phase of the employment process. It is imperative that all questions are answered in detail. All information is **CONFIDENTIAL**. This document will be used to verify your personal background. Any **FALSE, MISLEADING, INCOMPLETE, or UNTRUTHFUL** response to any questions will disqualify you from the process.

Questions that require a "yes" or "no" response shall be checked in the space provided. If a category or question does not apply, place *N/A* (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 13. Each answer should be numbered to correspond with the appropriate question.

This form must be typed or printed in black ink, completed by the applicant and each question answered accurately. You are required to sign and date all pages. Read page 14 carefully prior to signing that page.

Position applying for:

Detention Deputy: _____ Booking Deputy: _____ Clerical: _____ Other: _____

MUST BE 21 YEARS OF AGE

BANNOCK COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.
VETERAN'S PREFERENCE GIVEN PURSUANT TO IDAHO CODE.

POST OFFICE BOX 4666
POCATELLO, IDAHO
83205-4666

LORIN W. NIELSEN
Sheriff



TELEPHONE
208-236-7111

JIM DALLEY
Chief Deputy

- Been convicted of a misdemeanor while employed as a peace officer, including military police.
- Committed any act, as an adult, amounting to a felony, or while employed as a peace officer, including military police, within five (5) years preceding the application.
- Been convicted of a felony.
- Committed any act while employed as a peace officer, including military police, involving lying, falsification of any official report or document, or theft.
- Committed any criminal act against children including but not limited to: molesting or annoying, child abduction, child abuse, lewd and lascivious acts, or indecent exposure.
- Committed, as an adult, any act of domestic violence as defined bylaw.
- Sold or distributed drugs.
- Abused any prescription medication or other medication.
- Used or possessed, marijuana within one (1) year preceding the application.
- Used or possessed any other controlled substances within five (5) years preceding the application.
- Used or possessed an illegal drug while employed in any law enforcement capacity, including military police, and/or public safety.
- Manufactured or cultivated, as an adult, a drug or illegal substance.
- If you are related to any current Bannock County Commissioner.
- If you are related to the Bannock County Sheriff or Chief Deputy.

"Working to make a difference."

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IMPORTANT NOTICE TO APPLICANT

The hiring process at the Bannock County Sheriff's Office is a very time-consuming process. Due to the nature of the law enforcement profession and the requirements for certification by the Idaho Peace Officer Standards and Training Council we must ensure all applicants meet an established set of standards in regards to citizenship, education, ethics, character; criminal, military and traffic record; mental and physical fitness. All applicants should understand that you are applying for a professional position in which there will be a high number of qualified applicants competing for a limited number of positions. It is the goal of the Bannock County Sheriff's Office to hire the best qualified, mature, credible, and professional staff members we can.

With that in mind, we will only hire applicants that successfully meet these standards and can successfully pass a background investigation and a polygraph examination.



YOU ARE NOT ELIGIBLE FOR HIRE IF YOU HAVE:

- Been a member of a criminal gang.
- Ever been terminated from a law enforcement agency or correctional facility.
- If you are currently the "Respondent" in a Protective or Peace Order.
- Been discharged from the military with less than "Honorable" or "General" discharge.
- Received three (3) or more moving violations such as reckless driving, speed contest, suspect of a pursuit, etc. within three (3) years preceding the application.
- Had two (2) or more moving violations within three (3) years preceding the application.
- Been convicted of a misdemeanor sex crime, crime of deceit or drug offense less than five (5) years preceding the application.
- Been convicted of a misdemeanor driving under the influence of alcohol and/or drugs, or any other misdemeanor, less than three (3) years preceding the application.
- Been convicted of two or more misdemeanors.

"Working to make a difference."

**Office of the Sheriff
Bannock County, Idaho
Personal History Statement**

Deputy Part Time _____

Deputy Full Time _____

PERSONAL DATA			
1. Name (Print): First, Middle, Last			Maiden Name:
2. List any other name(s) you have used if different from above: (include all nicknames)			
Have you ever legally changed you name? ()NO ()YES If YES, what was/were your former name(s)?			
Court Jurisdiction: _____ Date: _____			
3. Present Address: (Number, Street, Apt. Number, City State, Zip Code)			Telephone Number: Home: () Work: ()
4. Social Security Number: / /	Date of Birth:	Hair Color:	Eye Color:
5. Place of Naturalization: (if applicable) City and State: Date of Naturalization: Naturalization and Certificate Number:			
6. Father's Name		7. Mother's Name:	
Address:		Address:	
Phone - Home:	Work:	Phone - Home:	Work:
Father's Occupation:		Mother's Occupation:	
8. If you were raised by someone other than your natural parents, provide the following information: Name: Relationship: Address: Telephone Number: Home: Work:			
9. If either parent is remarried, advise the name and address of stepparents: A. B.			
10. Are you related to a county employee? To whom are you related? How are you related?			
Applicant's Signature _____ Date _____			

10. List the names, ages and addresses of your brothers, half-brothers, stepbrothers, sisters, half-sisters, stepsisters. **Additional information on page _____.**

	Name	Date of Birth	Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

11. What is your present marital status? () Single () Married () Divorced () Widowed

Spouse: (Include maiden name, if applicable)

Name: _____ Date of Birth: _____ SSN: ____/____/____

Address: _____

Employer: _____ Occupation: _____

Address: _____ Telephone: _____

12. How many times have you been married? _____ Number of time divorced? _____ Widowed? _____

	Name of ex-spouse	Address	Date of Divorce	Jurisdiction
1.				
2.				
3.				

13. Do you have any children and/or dependents? () NO () YES If YES, provide:

	Name	Date of Birth	Address, if other than yours	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Applicant's Signature _____ **Date** _____

14. Have you ever possessed, tried, experimented with, or sold any illegally used any illegal drug or illegally used prescription medication? () NO () YES If YES, provide that information: (Method=possessed, tried, experimented, sold)

15. Drug Name	Number Of Times	Method	Last Time Used	Drug Name	Number Of Times	Method	Last Time Used
1. Marijuana				12. Barbiturates			
2. Hash				13. Morphine			
3. Cocaine				14. Methamphetamine			
4. Crack				15. Mescaline			
5. LSD				16. Codeine			
6. PCP				17. Ice			
7. Acid				18. Designer Drugs			
8. Mushrooms				19. Steroids			
9. Peyote				20. Inhalants (nitrous oxide, glue, gasoline, etc.			
10. Opium				21. Other, list on page 11			
11. Heroin							

16. Are you currently, or have you ever been, a member of or affiliated with any communist or subversive organization, or any political party or organization which advocates the overthrow of the United States government? () NO () YES
If Yes, please explain:

17. Are you currently, or have you ever been a member of or supported the basic tenets and beliefs of any group, association or organization which advocates aggression or violence toward any person or group of persons because of race, religion, or ethnic origin? () NO () YES If YES, explain:

18. Have you ever applied for employment with our agency or any other law enforcement agency? Include Federal, State, Local or any other Public Safety employer. () NO () YES If YES, list:

Date	Agency	Position	Status
1.			
2.			
3.			
4.			

19. If denied by any of the agencies listed above, please explain why in the additional space provided on page 11.

20. Have you ever been requested to take a polygraph examination? () NO () YES If YES, reason and where administered:

Additional Information on page _____

Applicant's Signature _____ **Date** _____

EDUCATION

21. Name of High School graduated from or last attended: _____
 Address: _____

Year Graduated: _____ | If you did not graduate, highest grade completed: _____
 If G.E.D., give date and State of issuance: _____

22. Colleges, Universities, other schools attended:	Address	Dates Attended	Dates Attended
1.			
2.			
3.			

23. Have you ever attended a police or public safety academy? () NO () YES If YES, provide:

Name of Academy, address	List Certifications Received	Dates Attended
1.		
2.		

FINANCIAL DATA

24. List all debts, including home mortgages, car notes, all open credit card accounts, personal loans:

Type of Account	Monthly Payment	Present Balance	To Whom owed: Name and Full Address
1.			
2.			
3.			
4.			
5.			
6.			

25. Have your wages ever been garnished? () NO () YES If YES, why? _____

26. Have your tax returns ever been withheld? () NO () YES If YES, why? _____

27. Have you ever filed for bankruptcy or been adjudicated bankrupt? () NO () YES If YES, DATE ___ / ___ / ____
 Location Court Jurisdiction _____ Court Jurisdiction _____
 Amount of indebtedness \$ _____ Explain circumstances of bankruptcy: _____

Additional Information on page _____

28. Have you ever been a plaintiff or defendant in a civil action? () NO () YES If YES, give details, such as date, place, court, amount of each judgment and final disposition: _____

28. Have you ever been a plaintiff or defendant in a civil action? ()NO ()YES If YES, give details, such as date, place, court, amount of each judgment and final disposition: _____

29. Do you pay alimony or child support? () NO () YES
 If YES, list to whom those payments are made: _____
 In the amount of \$ _____ per month, total per year \$ _____
 Details: _____

Applicant's Signature _____ **Date** _____

MILITARY DATA

30. Have you ever been a member of any branch of the Armed Forces? () NO () YES

If YES, give the branch name? _____ Service Number: _____

Date entered _____ Date discharged or pending discharge _____ Highest Rank obtained _____

Rank when Discharged _____ Number of Enlistments _____ Primary Duties _____

Type of Discharge: () Honorable () General () Dishonorable () Uncharacterized

31. Are you a member of any military reserve unit or National Guard? () NO () YES

If YES, give branch name: _____

Serial Number: _____ Rank: _____ () Active () Inactive

32. Have you ever been a member of any military service other than the United States? () NO () YES

If YES, what country: _____ Identification Number _____

Length of service: _____ Type of Discharge: _____

33. During your military service as outlined above:

A.) Were you ever disciplined, or did you ever receive a summary or deck court martial, Article 15? () NO () YES

B.) Did you ever appear before any command personnel for disciplinary reasons? () NO () YES

If YES, provide:

Date	Charges	Disposition
1.		
2.		
3.		

Additional Information on page _____

C.) Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct? () NO () YES If YES, list:

Date	Location	Allegation(s) / Disposition(s)
1.		
2.		
3.		

34. Have you ever been turned down, denied entry or rejected by any branch of the Armed Forces for any reason? () NO () YES If YES, explain:

Date	Branch	Reason
1.		
2.		

Applicant's Signature _____ **Date** _____

EMPLOYMENT HISTORY

35. Start with your current employer and in reverse chronological order, list your entire work history. Include any periods of unemployment, volunteer work, military service, and part-time work. Additional Information page ____

Dates of Employment	City/State of Employment	Full Name, Address, ZIP Code and Phone Number of Employer	Position, salary and supervisor	Reason for leaving (Be Specific)
From:	City:			
Present:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			

36. Have you ever been fired or forced to resign from any position? () NO () YES
 If YES, give date of each discharge or forced resignation, the place of employment and an explanation:

Applicant's Signature _____ **Date** _____

ARREST RECORD

37. Have you ever been charged, investigated, detained or arrested for any criminal offense as a Juvenile or Adult? Include records that have been expunged. Additional information on page _____

() NO () YES If YES, please describe:

Date	Jurisdiction	Charge(s)	Disposition
1.			
2.			
3.			
4.			
5.			

MOTOR VEHICLE DRIVING HISTORY

38. In what state are you currently licensed to drive? _____ Permit Number: _____

Expiration Date: _____

Are there any restrictions or special conditions attached with your operator's license? () NO () YES

If YES, explain: _____

List any other state(s) in which you have been licensed to operate a motor vehicle, include Permit Number: _____

39. List all tickets, summonses, citations that you have received regardless of the disposition. (i.e. Found not guilty, dismissed, nolle prosequi or no contest plea, etc. (exclude parking tickets). Additional Information page _____
Give a chronological listing, starting with the most recent offense and indicate the following:

Date	Jurisdiction	Charge(s)	Disposition
1.			
2.			
3.			
4.			
5.			
6.			

40. Has your privileges to drive ever been suspended or revoked? () NO () YES

If Yes, give date(s), place(s), and reason(s):

39. Have you ever attended a driver improvement course? () NO () YES If YES, provide information:

Date	Location	Reason
1.		
2.		
3.		

Applicant's Signature _____ **Date** _____

RESIDENTIAL HISTORY

43. List all your residences. Provide the names and addresses of the two nearest neighbors, even if not acquainted. Also list current and former roommates, landlords, realty companies, etc., associated with each location.

If additional space is required, make a copy of this page before filling out.

Dates	Complete Address	Neighbors/ Roommates/ Landlord/ Realty Co. (Full Name, Full Address, Include Zip Codes and Phone #s)
From:		1.
Present:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.

Applicant's Signature _____ **Date** _____

I understand that all of the information contained herein is CONFIDENTIAL, and will only be used to verify my personal history. FALSE, MISLEADING, INACCURATE or INCOMPLETE answers will disqualify me for employment.

Sign this page in the presence of a Notary Public

I hereby certify that all information in the Personal History Statement is accurate and true to the best of my knowledge.

_____ Date

_____ Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20 _____

_____ Notary Public

_____ My commission expires

Applicant, please note:

You **MUST** furnish copies of the following documents upon submission of your Personal History Statement:

1. Birth certificate or other proof of United States citizenship
2. High school diploma or equivalent certificate, PLUS high school transcripts
3. Social Security Card
4. Driver's License & Driver Transcripts if Out-of-State

You **MUST** sign and return the following original documents upon submission of your Personal History Statement:

5. Signed Informed Consent Form
6. Signed Notification and Authorization for Employment Credit Report
7. Signed & Notarized Authorization of Release of Information Form

Also include one **photograph** of yourself (passport type, size 2X2)

If applicable, furnish copies of:

8. Military discharge (DD214) Member 1 and 4 forms
9. Name change documentation from court
10. Marriage certificate
11. Divorce decree(s) or legal separation papers
12. Certified copies of college or university transcript(s)

NOTIFICATION AND AUTHORIZATION
FOR EMPLOYMENT CREDIT REPORT

I, _____, authorize the Bannock County Sheriff's Office to obtain a credit report on me through the credit reporting agency(s) of its choice. If employed, I further authorize the Credit Bureau to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, I can receive a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them, if I wish.

SIGNATURE

DATE

INFORMED CONSENT

I, _____, AS A CANDIDATE TO WORK WITH THE
INFORMATION OF THE BANNOCK COUNTY OFFICE OF THE SHERIFF, UNDERSTAND THAT ALL
PERSONAL INFORMATION FOR THE POSITION IS CONFIDENTIAL AND WILL BE SEEN ONLY BY THOSE
PEOPLE DIRECTLY INVOLVED IN MY RECRUITMENT.

I ALSO UNDERSTAND THAT SOME OR ALL OF THIS INFORMATION, AS WELL AS INFORMATION
PERTAINING TO EMPLOYMENT; APPRAISAL RATING; ACCIDENT & ILLNESS RECORDS; AND OTHER
INFORMATION ABOUT MY EMPLOYMENT RECORD MAY BE USED FOR PURPOSES OF AUTHORIZATION
ACCESS TO SHERIFF'S OFFICE INFORMATION ASSETS FOR ADMINISTRATIVE PURPOSES.

SIGNATURE

DATE

PATROL/DETENTION OFFICER PHYSICAL READINESS TEST

PATROL/DETENTION PHYSICAL READINESS TEST SCORING

Each of the five PRT events measures a different component of physical fitness, each of which is a determinant of an officer's readiness to perform essential job tasks. To pass the PRT, a participant must score a minimum of 10 points on *each* of the five PRT events. Performance below the level required for 10 points in any event is substandard and results in failure of the PRT. Twenty points is the maximum possible for each event, a total of 100 being the highest possible PRT score.

<u>Fitness Category</u>	<u>POINTS</u>	<u>Vert. Jump (inches)</u>	<u>1-Minute Sit-ups (reps.)</u>	<u>Pushups (reps.)</u>	<u>300 Meter (seconds)</u>	<u>1.5 Mile (min:sec)</u>
Excellent	20	21.5 +	55 +	62 +	48.0-	9:57-
	19	20.5 - 21.0	51 - 54	56 - 61	48.1 - 51.0	9:58 - 10:50
	18	19.5 - 20.0	47 - 50	50 - 55	51.1 - 54.0	10:51 - 11:43
Good	17	18.5 - 19.0	43 - 46	44 - 49	54.1 - 57.0	11:44 - 12:36
	16	17.5 - 18.0	39 - 42	38 - 43	57.1 - 59.0	12:37 - 13:29
Average	15	16.5 - 17.0	35 - 38	32 - 37	59.1 - 62.0	13:30 - 14:20
	14	16.0	31 - 34	30 - 31	62.1 - 65.0	14:21 - 14:56
	13	15.5	27 - 30	28 - 29	65.1 - 68.0	14:57 - 15:32
Below Average	12	15.0	23 - 26	26 - 27	68.1 - 71.0	15:33 - 16:08
	11	14.5	19 - 22	23 - 25	71.1 - 74.0	6:09 - 16:43
Minimum Acceptable	10	14.0	15 - 18	21 - 22	74.1 - 77.0	16:44-17:17
Substandard	0	< 14.0	< 15	< 21	> 77.0	> 17:17