

# Application for Employment

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # ( Primary) \_\_\_\_\_

(Secondary) \_\_\_\_\_

Email Address \_\_\_\_\_



## **Madison County Sheriff's Office**

145 E. Main

Rexburg, Idaho 83440

Ph# (208) 372-5000

Fax# (208) 356-7640

[recruiting@madisonsheriff.com](mailto:recruiting@madisonsheriff.com)

We are an Equal Opportunity Employer

Ron Ball - Sheriff

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Thank you for your interest in employment with the Madison County Sheriff's Office. Applicants may be required to submit to a written exam, oral interview, polygraph, psychological, and medical testing, including drug screening, vision and hearing examinations, and will be subject to a thorough background investigation. Also, for patrol and detention certified positions an Idaho Peace Officer Standards & Training (P.O.S.T.) physical agility test will be required. (Physical agility test requirements are on the last page of this application.)

**In order to be considered for employment with the Madison County Sheriff's Office you must meet the following criteria:**

- Twenty-one (21) years of age or older
- Idaho P.O.S.T. certifiable, which requires the following:
  - United States citizenship
  - Valid driver's license
  - No more than five (5) moving traffic violations during the past three (5) years
  - No convictions of DUI or suspended driver's license for the past five (5) years
  - No misdemeanor convictions in the past two (2) years
  - No felony convictions
  - Successfully pass physical agility test (Patrol and Detention positions only)
  - No usage of marijuana within three (3) years
  - No usage of any other illegal drugs within five (5) years

**All applications must include the following:**

- Employment resume
- Copy of driver's license
- Copy of high school diploma and college degrees
- Copy of 'DD214' (Military discharge form) (if applicable)
- Copy of any law enforcement certificates

**Applying for:** (Please check all you are interested in)

- Patrol Deputy**
- Detention Deputy**
- Reserve Deputy for**  **Patrol** **or**  **Detention**
- 911 Dispatcher**
- Clerical**
- Other** \_\_\_\_\_

# Authority to Release Information

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # (Last Four Digits) \_\_\_\_\_

Having made an application of employment with the **Madison County Sheriff's Office**, and desiring them to be fully informed as to my previous record and character, I hereby authorize them to conduct a thorough background investigation to gather information which may include historical data regarding my previous residences, schools attended with GPAs and degrees earned, military service and separation, present and past employer including performance history, previous applications to other law enforcement agencies, personal and professional references, credit and financial reports, criminal and traffic history, and any other sources that the **Madison County Sheriff's Office** deems appropriate.

I authorize the release of any information, whether the same is of record or not, and I authorize photostat or digital copies to be released to the **Madison County Sheriff's Office** pursuant to their investigation. A copy of this release shall be as valid as the original document. This information is to be used to assist the **Madison County Sheriff's Office** in determining my qualifications, eligibility, and fitness for the position of a certified Peace Officer in the State of Idaho or a supporting law enforcement or civilian position.

I also understand and agree that all information received by the **Madison County Sheriff's Office** in connection with this application and background investigation is confidential and shall not be disclosed to me. Further, I hereby release you, your organization or others, from any liability or damage which may result from furnishing the information requested.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness's Signature \_\_\_\_\_

Witness's Name (Print) \_\_\_\_\_

## Personal Information

Please complete the following as accurately as possible. All statements are subject to verification. *Incorrect statements may disqualify you from employment, and may prevent your application from being processed.*

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List any other names you have used or been known by (maiden or previous marriages, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current and any past addresses within five (5) years.


Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Do you have relatives or close friends employed by the Madison County Sheriff's Office? Yes \_\_\_ No \_\_\_  
If yes, who \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_  
Do you agree with wearing a uniform? Yes \_\_\_ No \_\_\_  
Are you able and willing to work rotation shifts? Yes \_\_\_ No \_\_\_  
Do you have previous experience with shift work? Yes \_\_\_ No \_\_\_  
Have your employers always treated you fairly? Yes \_\_\_ No \_\_\_  
Were you ever terminated (fired) or forced to resign? Yes \_\_\_ No \_\_\_

If so, explain \_\_\_\_\_

Have you ever been denied employment by a criminal justice agency or rejected for a civil service position? Yes \_\_\_ No \_\_\_  
If yes, where? \_\_\_\_\_ (Date) \_\_\_/\_\_\_/\_\_\_\_\_

Have you taken an employment polygraph within the previous six (6) months? Yes \_\_\_ No \_\_\_  
If yes, for what agency or company? \_\_\_\_\_ (Date) \_\_\_/\_\_\_/\_\_\_\_\_

Have you previously submitted an application to the Madison County Sheriff's Office? Yes \_\_\_ No \_\_\_  
If yes, for what position? \_\_\_\_\_ (Date) \_\_\_/\_\_\_/\_\_\_\_\_

# Criminal History

(Attach additional sheets of paper if needed)

Have you ever been arrested or detained by law enforcement? Yes\_\_\_\_ No\_\_\_\_

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(Date)	(Charge)	(Agency)	(Disposition)
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(Date)	(Charge)	(Agency)	(Disposition)
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Have you ever used a marijuana product? Yes\_\_\_\_ No\_\_\_\_  
If yes, when was the last time? \_\_\_\_\_

Have you ever used any illegal controlled substance? Yes\_\_\_\_ No\_\_\_\_  
If yes, when was the last time? \_\_\_\_\_

Have you ever taken a prescription that was not prescribed for you by a medical doctor? Yes\_\_\_\_ No\_\_\_\_  
If yes, explain \_\_\_\_\_

Have you ever sold any amount of illegal drugs? Yes\_\_\_\_ No\_\_\_\_

Do you consume alcohol? Yes\_\_\_\_ No\_\_\_\_

Do you have any relatives or close friends who have criminal felony convictions? Yes\_\_\_\_ No\_\_\_\_  
Relationship to you \_\_\_\_\_  
For what crime(s) \_\_\_\_\_  
Where were they incarcerated \_\_\_\_\_

Have you ever had a financial judgment against you? Yes\_\_\_\_ No\_\_\_\_  
If yes, explain \_\_\_\_\_

Has your driver's license ever been suspended or revoked in any state? Yes\_\_\_\_ No\_\_\_\_  
If yes, explain \_\_\_\_\_

Have you ever been denied a driver's license in any state? Yes\_\_\_\_ No\_\_\_\_  
If yes, explain \_\_\_\_\_

Have you ever been placed on probation? Yes\_\_\_\_ No\_\_\_\_  
If yes, explain \_\_\_\_\_

List any traffic violations you have received.

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(Date)	(Charge)	(Agency)	(Disposition)
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(Date)	(Charge)	(Agency)	(Disposition)
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(Date)	(Charge)	(Agency)	(Disposition)
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List any motor vehicle accidents that you have been involved in as a driver.

(Date)	(Location)	(Agency)	(Cause of Accident)
(Date)	(Location)	(Agency)	(Cause of Accident)
(Date)	(Location)	(Agency)	(Cause of Accident)

## Education

(Attach additional sheets of paper if needed)

High School _____	(Name)	(Course of Study)	(Years)	(Diploma/Degree)
College _____	(Name)	(Course of Study)	(Years)	(Diploma/Degree)
_____	(Name)	(Course of Study)	(Years)	(Diploma/Degree)
Other (Specify) _____	(Name)	(Course of Study)	(Years)	(Diploma/Degree)

List any special training you have received that would aid you in this position.

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List any hobbies, special skills, or abilities you have including speaking foreign languages.

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Do you have computer knowledge? Yes\_\_\_\_ No\_\_\_\_  
Do you type? If yes, words per minute \_\_\_\_\_ Yes\_\_\_\_ No\_\_\_\_

With proper training and supervision, are you capable of performing in a reasonable manner, **ALL** of the essential job functions required of you as a law enforcement officer, unassisted and without delay?  
Yes\_\_\_\_ No\_\_\_\_

## **Military**

Have you ever served in the U.S. Armed Forces? Yes\_\_\_\_ No\_\_\_\_  
Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_ Location \_\_\_\_\_  
Type of Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_  
Medals/Decorations received \_\_\_\_\_  
List any formal disciplinary action taken against you \_\_\_\_\_  
\_\_\_\_\_  
If no military, list selective service # if available \_\_\_\_\_

## **Employment History**

Are you currently employed? Yes\_\_\_\_ No\_\_\_\_  
May we contact your current employer? Yes\_\_\_\_ No\_\_\_\_  
Date you would be available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

**List ALL jobs you have had within the last ten (10) years.** List your current or most recent job first. If you need more space, you may attach additional sheets or paper. Include military service in proper time and sequence and temporary part-time jobs.

**Please complete all information. Failure to do so may nullify application.**  
*(We will not look up phone numbers or addresses for you.)*

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Title or Position \_\_\_\_\_ Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Wage / Salary \$ \_\_\_\_\_ / Hr. or Yr. (Circle) Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Title or Position \_\_\_\_\_ Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Wage / Salary \$ \_\_\_\_\_ / Hr. or Yr. (Circle) Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Title or Position \_\_\_\_\_ Dates of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Wage / Salary \$ \_\_\_\_\_ / Hr. or Yr. (Circle) Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Title or Position \_\_\_\_\_ Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Wage / Salary \$ \_\_\_\_\_ / Hr. or Yr. (Circle) Reason for leaving \_\_\_\_\_  
 \_\_\_\_\_

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Title or Position \_\_\_\_\_ Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Wage / Salary \$ \_\_\_\_\_ / Hr. or Yr. (Circle) Reason for leaving \_\_\_\_\_  
 \_\_\_\_\_

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Title or Position \_\_\_\_\_ Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Wage / Salary \$ \_\_\_\_\_ / Hr. or Yr. (Circle) Reason for leaving \_\_\_\_\_  
 \_\_\_\_\_

**Employer** \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Title or Position \_\_\_\_\_ Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Wage / Salary \$ \_\_\_\_\_ / Hr. or Yr. (Circle) Reason for leaving \_\_\_\_\_  
 \_\_\_\_\_

## References

List at least five (3) people who are not related to you, and are not former employers, who have known you closely for at least five (5) years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities.

*Please fill out this entire page completely.*

(Name)	(Address)	(Telephone)	(Occupation)	(Years Known)
(Name)	(Address)	(Telephone)	(Occupation)	(Years Known)
(Name)	(Address)	(Telephone)	(Occupation)	(Years Known)
(Name)	(Address)	(Telephone)	(Occupation)	(Years Known)
(Name)	(Address)	(Telephone)	(Occupation)	(Years Known)

**Madison County Sheriff's Office**  
**Idaho P.O.S.T.**  
**Entry Level Patrol and Detention Deputy**  
**Physical Agility Standards**

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>
	20	21.5+	55+	62+	48.0-	9:57-
<i>Excellent</i>	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
<i>Good</i>	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
<i>Average</i>	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
<i>Below Average</i>	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	16:09 - 16:43
<i>Minimum Acceptable</i>	10	14.0	15 - 18	21 - 22	74.1 - 77.0	16:44 - 17:17
*****						
<i>Substandard</i>	0	<14.0	<15	<21	<77.0	<17:17