



APPLICATION FOR EMPLOYMENT

The Teton County Sheriff's Office is an equal opportunity employer. Applications are invited from all qualified applicants regardless of race, sex, national origin, religion, veterans' status, or disability.

Employment Requirements

Must be a U.S. Citizen

Age: Must be 21 years of age by examination process.

Education/Experience: High School Diploma or G.E.D. required.

Physical/Medical: Deputy Applicant weight must be proportionate to height. Successful Deputy applicants must pass the P.O.S.T. Physical agility test, a thorough medical examination, successful completion of a drug test, polygraph, and a psychological evaluation prior to appointment.

Vision: The applicant should possess binocular coordination that does not manifest diplopia; depth of proficiency of a minimum of one (1) minute of arc at twenty (20) feet; peripheral vision should be binocularly two hundred (200) degrees laterally with sixty (60) degrees upward and seventy (70) degrees downward. There should be no pathology of the eye; applicant should possess a minimum seventy percent (70%) proficiency on a color discrimination test. If the applicant hearing does not meet the above standards, a vision specialist should certify that the applicant's condition will not jeopardize or impair the applicant's ability to perform their duties. The applicant should have uncorrected vision in each eye of no weaker than twenty/two hundred (20/200) with the strong eye corrected to twenty/twenty (20/20) and the weaker eye corrected to twenty/sixty (20/60). An applicant who wears contact lenses is exempt from the uncorrected vision of twenty/two hundred (20/200), but should have the strong eye corrected to twenty/twenty (20/20) and the weaker eye corrected to twenty/sixty (20/60). A full eye examination should be administered by an optometrist or ophthalmologist to any applicant who wears glasses whose uncorrected vision in either eye is twenty/one hundred fifty (20/150) or weaker. If the applicant vision does not meet the above standards, a vision specialist should certify that the applicant's condition will not jeopardize or impair the applicant's ability to perform their duties.

Disease/Condition: The applicant should be free from any impediments of the senses of sight, hearing, taste, smell, and touch; physically sound; well-developed physically and in possession of his extremities; free from any physical defects, chronic or organic diseases, organic or functional conditions, or emotional or mental instabilities which may tend to impair efficient performance of duty or which might endanger the lives of others or the life of the officer. The applicant should be considered, if the applicant demonstrates that the deficiency does not jeopardize or impair their ability to perform their duties.

Hearing: The applicant should have unaided or aided hearing between zero (0) and twenty five (25) decibels for each ear at the frequencies of five hundred (500) Hz, one thousand (1000) Hz, two thousand (2000) Hz, and three thousand (3000) Hz. If the applicant hearing does not meet the above standards, an audiologist or ear, nose, and throat physician should certify that the applicant's condition will not jeopardize or impair the applicant's ability to perform their duties.

Background: A thorough background investigation will be conducted on successful applicants identified for this possible position to include but not limited to, criminal/traffic history, moral character, financial affairs, work history, education, and personal history to include contact with co-workers, family, friends, acquaintances, neighbors, and associates.

Lateral Applicants: Must have completed a P.O.S.T. certified basic police academy and satisfactorily completed a probationary period with a current or prior law enforcement agency, be in good standing with either, and have at least



one year continuous experience as a full-time police officer after the completion of the field training program. A photo copy of your P.O.S.T. Certificate must be attached to your application at the time of submission.

POST Certifiable Applicants: Must have successfully completed a P.O.S.T. certified basic police academy or a P.O.S.T. certified vocational program within 12 months preceding the application submission date. A photo copy of your certificate of graduation must be attached to your application at the time of submission.

Firearms: Deputy applicants must pass the Idaho P.O.S.T. Firearms qualification.

Payback Agreement

If an employee voluntarily leaves the Teton County Sheriff's Office prior to completing two and a half years of employment after the date of hire, the employee will reimburse Teton County Sheriff's Office an amount equivalent to the cost of all testing, background checks, and training of employee.

Examination Process (Deputy Applicants)

A physical agility test, written test, polygraph, psychological examination, and oral interview will be administered. Lateral transfers may be exempt from portions of the testing by the discretion of the Sheriff. Testing dates TBD.

Lateral Police Officers

Minimum requirements above must be met, and

1. Hold a POST Academy certification (attach copy to application)
2. Satisfactorily completed a probation period with current or prior L.E. Agency
3. Satisfactorily completed one (1) continuous year of service assigned to a patrol division or other similar field duties after the completion of a Field Training Program, or related assignments reviewed and accepted by the Sheriff or Chief Deputy
4. Lateral applicants that have been out of Law Enforcement for more than five (5) years must attend the Idaho POST Basic Patrol Academy to be recertified.

POST Certifiable Police Officer Applicants

Must meet all of the above requirements and must have completed a POST certified Basic Academy or a POST certified Vocational Program within 12 months preceding the application submission date. (Copies of certificate of graduation, transcripts and/or completion must be attached to application).

YOU WILL NOT BE ELIGIBLE TO BE AN EMPLOYEE OF THE TETON COUNTY SHERIFF'S OFFICE IF:

- You are not at least 21 years of age. (Deputy Sheriff applicants only)
- You do not possess or cannot obtain a valid driver's license. (For positions that require.)
- You have not graduated from an accredited high school, or do not hold a GED.
- You do not have the minimum responsible work experience following high school graduation as required for the position in which you are applying.
- You are not a citizen of the United States.
- You have been dishonorably discharged, less than honorable or received a bad conduct discharge from the military.



- You have been convicted of D.U.I. within the past ten (10) years or have two (2) or more D.U.I. convictions in your lifetime. A diversion or reduction to lesser charge or withheld judgment is the same as a conviction.
- You have four (4) or more moving violations in the three (3) years preceding the application.
- You have been convicted of any felony charges, traffic or criminal.
- You have been convicted of any misdemeanor charges in the past five (5) years.
- You have used or possessed any illegal drug in the past five (5) years with the exception of marijuana. Please see drug use standards.
- You have EVER manufactured, sold, offered to sell, distributed, or transported, for sale or use, any illegal drugs/narcotics illicitly or outside the official duties of a law enforcement officer.
- You have been convicted of any crime involving false swearing.
- You do not successfully pass a polygraph or you cannot be certified medically by physicians.
- You are not free of any physical, emotional, behavioral, or mental conditions which might adversely affect performance of a peace officer or emergency communications officer as determined by a medical and psychological exam. (Deputy Sheriff and Emergency Communications Officer applicants only)
- You have been convicted of a crime or have been found to be mentally incompetent in any jurisdiction, including domestic violence related crimes, which precludes you from possessing a firearm. (Deputy Sheriff applicants only)
- You do not meet minimum medical, vision and hearing standards as required by P.O.S.T. (Deputy Sheriff Applicants only)
- You cannot pass a physical agility test. (Deputy Sheriff Applicants only)
- You do not possess good moral character as determined by a background investigation.

YOU ARE NOT LIKELY TO BE ELIGIBLE TO BE AN EMPLOYEE OF THE TETON COUNTY SHERIFF'S OFFICE IF:

- Your traffic history shows a continuing and/or recent pattern of poor decision making.
- Your financial affairs or personal life shows a history of poor judgment and refusal to confront problems. (Example: Nonpayment of child support, ignoring overdue bills, etc.)
- You have a pattern of involvement with illegal drugs.
- Your work history shows a pattern of unexcused absences, discipline or discharge.
- You have recently or are currently misrepresenting yourself or ignoring any laws. (Example: Not paying taxes, using a false address for school tuition purposes.)
- People who know you have doubts about your honesty, integrity, or character.
- You have been involved in any significant misdemeanor activity.
- You have had your license suspended within the last three (3) years.
- You have received an administrative discharge of "General under Honorable Conditions" or an "Uncharacterized" discharge from the military.
- You have ingested, inhaled, injected or absorbed any substance with the intent to alter your mental state or create a physiological change.

DRUG USAGE STANDARDS

ANY USE OF ILLEGAL DRUGS FALLING UNDER THE FOLLOWING CATEGORIES WILL RESULT IN AUTOMATIC REJECTION:

- Any illegal drug use within the last five (5) years with the exception of marijuana.



- Use of marijuana / THC, regardless of its form or method of ingestion, within the last three (3) years. *This prohibition includes the use of cannabis, hashish, hash oil, and THC in both synthetic and natural forms. (IDAPA 11.11.01–055-01-d)
- Any illegal use of amphetamines / methamphetamines within ten (10) years.
- Any use of heroine within ten (10) years.
- Any illegal opiates / narcotics or abuse of prescribed opiates / narcotics within five (5) years.
- Any use of hallucinogenic drugs (mushrooms, LSD, PCP, etc.) ever.
- Illegal use of cocaine, regardless of its form or method of ingestion, within the last seven (7) years.
- Participating in the manufacturing, selling, offering to sell, distribution or transporting for sale any illegal drugs/narcotics, regardless of the time frame.
- Use of illegal drugs while employed by a law enforcement agency regardless of the time frame.
- Use of non-prescribed steroids, regardless of form or method of ingestion, within the last five (5) years.

How to Apply

- Complete the following Teton County Sheriff's Office Application and mail/return pages 5-19 to:

Teton County Sherriff's Office
Attn: Employment Applications
230 N. Main St. Suite #160
Driggs, ID 83422

- Include your resume
 - Include a 2.5 x 2.5 inch photograph
 - Include a copy of your driver's license
 - Attach a copy of high school diploma or GED, college diploma or transcripts.
 - Attach a copy of birth certificate.
 - Attach a certified copy of military discharge forms/ Form DD-214 (If Applicable)
 - We accept applications without the above documents, but they will be required before the hiring process can be completed. However, if you are claiming Veteran's Preference, a copy of the DD-214 must be attached at the time of submission.
 - Incomplete, messy, unreadable, or fictitious applications will disqualify applicants.
 - Qualifying applicants will be notified of interviews, exams and testing dates. Further instructions and locations will be sent to each qualifying applicant prior to testing.
-



APPLICATION FOR EMPLOYMENT

Thank you for applying with the Teton County Sheriff's Office. Please answer all questions to the best of your ability. Exclude all information indicative of race, color, creed, sex, marital status, and national origin, sensory, mental or physical disability (unless based on a bona fide occupational qualification). To be considered, you must complete ALL sections of this application form. Omitted or false information will disqualify the applicant.

Name: (Last, First, Middle) _____

Position Applying For: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Phone Number(s): (____) _____ (____) _____

For Official Use Only:

- ☐ Completed
- ☐ Signed – Notarized
- ☐ Post Certificate (Lateral Only)
- ☐ Graduation Cert (P.O.S.T. Only)

Date Received _____

By _____

GENERAL INFORMATION

Have you ever been employed by Teton County? ☐ Yes ☐ No If Yes give date(s) _____ to _____

ARREST HISTORY/COURT INFORMATION/CONVICTIONS

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

Have you ever served time in Prison? ☐ Yes ☐ No

Have you ever been arrested, charged, or received a notice or summons to appear as a defendant, convicted, pled no contest, pled guilty to any criminal violation or citation, received a withheld judgement, or equivalent or a prosecutor's probation, regardless if the record sealed or the charge was later dismissed or expunged? ☐ Yes ☐ No

If you answered yes to any of the questions in this section, or have been involved in a criminal investigation, even if you were 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, please explain in the section below and include dates, charge place, and action taken. Attach additional pages if necessary. (Include your juvenile record and records of your arrest(s) which have been sealed, if any)



DRIVING HISTORY

Are you a licensed automobile operator? ☐ Yes ☐ No. Issuing State _____ License # _____

Driver's License expiration Date: _____ License Restrictions: _____

Do you hold or have you ever held an operator license in another state? ☐ Yes ☐ No. If yes, provide states, name used and approximate dates licenses were held.

Issuing State _____ License # _____ Approximate date _____

Issuing State _____ License # _____ Approximate date _____

Issuing State _____ License # _____ Approximate date _____

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ☐ Yes ☐ No.
If yes, provide complete details including why license was revoked.

Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?

☐ Yes ☐ No. If yes, provide complete details.

Have you ever received a citation or been charged with a traffic violation? ☐ Yes ☐ No. If yes, complete the following section. Attach additional pages if necessary.

Date	City, State	Charge	Court Location	Court Disposition



PERSONAL HISTORY

Are You a United States Citizen? ☐ Yes ☐ No

If you are a naturalized citizen, please provide the location of naturalization, court, and naturalization #:

Can you perform all the essential function of this job without reasonable accommodation? ☐ Yes ☐ No

List all other names you have used including circumstances and time periods.

Name	Circumstance	From MM/YY	To MM/YY

EDUCATION/TRAINING

High School or GED Name & Address	Dates Attended MM/YY-MM/YY	Years Completed	Did You Graduate?	Diploma Type

College/University Name & Address	Dates Attended MM/YY-MM/YY	Credit Hours Earned	Did you Graduate?	Degree Type

Other Schools (Trade, Vocational, Business, or Military) Name & Address	Dates Attended MM/YY-MM/YY	Credit Hours Earned	Did you Graduate?	Degree Type



EDUCATION/TRAINING

Describe any awards, honors, citations, positions held in school organizations, and any other special recognitions you received while attending school:

Have you ever been expelled or suspended from school? ☐ Yes ☐ No If yes, please explain.

List any foreign languages you can speak/read/write:

List any Law Enforcement Training / Education: (Attach additional paper as necessary)

Topic of Training	Certificate?	Date	Training Location

Describe any special abilities, interests, and hobbies including the degree of proficiency:

TECHNOLOGY SKILLS

Check all that apply

☐ PC User ☐ iOS User ☐ Windows ☐ Microsoft Word ☐ Microsoft Access ☐ Microsoft Excel ☐ Microsoft Publisher
☐ Web Page Design ☐ Maintenance ☐ E-Mail ☐ Internet ☐ Scanner/Copier/Fax ☐ Other _____

Professional Licenses Held: _____



PREVIOUS EMPLOYMENT

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone Number: _____

Position: _____ Dates of Employment: _____ to _____

Reason For Leaving: _____

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone Number: _____

Position: _____ Dates of Employment: _____ to _____

Reason For Leaving: _____

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone Number: _____

Position: _____ Dates of Employment: _____ to _____

Reason For Leaving: _____

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone Number: _____

Position: _____ Dates of Employment: _____ to _____

Reason For Leaving: _____

Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or volunteer position you have held? ☐ Yes ☐ No **If yes, please explain. Attach additional pages if necessary.**

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfying job performance? ☐ Yes ☐ No **If yes, please explain. Attach additional pages if necessary.**



PERSONAL AND PROFESSIONAL REFERENCES

Please list the names of three (3) persons not related to you by blood or marriage. Please be sure to include your references email address as it assists with the background investigation.

Complete Name: _____ Years Known: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Email: _____

Home/Cell Phone Number: _____ Work Phone Number: _____

Complete Name: _____ Years Known: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Email: _____

Home/Cell Phone Number: _____ Work Phone Number: _____

Complete Name: _____ Years Known: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Email: _____

Home/Cell Phone Number: _____ Work Phone Number: _____

CURRENT/PRIOR LAW ENFORCEMENT EXPERIENCE

Has your law enforcement certification ever been suspended, revoked, relinquished, or subject to discipline or investigation by POST or any other state's law enforcement certification agency? ☐ Yes ☐ No If yes, please explain.
Attach additional pages if necessary.



CURRENT/PRIOR LAW ENFORCEMENT EXPERIENCE (Continued)

Identify all claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent, wrongful acts, or omissions by you.

Agency	Plaintiff(s)	Approx. Date	Court Where Filed

Identify all disciplinary action taken against you (however characterized) by a law enforcement employer.

Agency	Supervisor Taking Action	Approx. Date	Basis and Form of Discipline

Identify all circumstances in which you have been requested or ordered to take a polygraph, CVSA, or other truth verification test.

Agency	Basis for Exam	Approx. Date	Outcome/Result



MILITARY HISTORY

Have you ever served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No

Branch of Service _____ Highest Rank _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

Dates and type of discharge: _____

Are you or have you ever been a member of a reserve unit or the National Guard? ☐ Yes ☐ No

If yes, state the branch of service, name and location of your unit:

Discharge Type: State the type of discharge you received and provide a copy of your DD-214:

Was there any type of discipline taken against you while in the service? ☐ Yes ☐ No

If yes, provide: Date _____ Place: _____

Nature of Offence _____ Action Taken: _____

Have you served in the Armed Forces in a foreign country? ☐ Yes ☐ No

If yes, provide: Country: _____ Dates: _____

VETERANS PREFERENCE

(Reference I.C., Title 65, Chapter 5, and U.S.C.- 2108)

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to the next section.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming preference, please complete the information below and attach a copy of your DD-214 to this application.

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training

Preference Eligible Veterans:

☐ I served on active duty in the Armed Forces of the United States for a period of more than 180 days and was honorably discharged.

☐ I have a service-connected disability of 10% or more.

☐ I am the spouse of an eligible disabled veteran, who has a service-connected disability

☐ I am the widow or widower of an eligible veteran and have remained un-married.

☐ I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.



FINANCIAL

The management of personal finances is relevant to an individual's qualifications employment with the Teton County Sheriff's Office. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations. Be complete and accurate:

INCOME:

Current Monthly Income: \$ _____

Spouse's Income: \$ _____

Other Income: \$ _____

Total Monthly Income: \$ _____

EXPENSES:

Estimated monthly cost of living, (utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations:

Monthly Mortgage Payment: \$ _____

Monthly Rent Payment: \$ _____

Other Monthly Expenses: (Describe)

_____ \$ _____

_____ \$ _____

Total Monthly Expenditures: \$ _____

CURRENT ASSETS:

Checking Account: \$ _____

Savings Account: \$ _____

Real Estate: \$ _____

Stocks and Bonds: \$ _____

Life Insurance: \$ _____

Automobiles: \$ _____

Other Assets: (Description)

_____ \$ _____

Total Assets: \$ _____



Teton County Sheriff's Office
Sheriff Clint Lemieux



TCSO Form 100
(Rev. 2 01/21)

230 N Main St., #160, Driggs, ID 83422 – Phone: (208) 354-2323 – Fax: (208) 354-8028 – Email: sheriffdocs@co.teton.id.us

FINANCIAL LIABILITY:

List all financial liabilities including contracts, home mortgage, alimony or child support, medical, open charge accounts, and credit cards involving you and/or your spouse. Prior credit or closed accounts shall be listed. You must list all current and prior debts using additional sheets if necessary.

Real Estate Indebtedness Balance: \$ _____

Long Term Loans: \$ _____

Charge Accounts Balance: \$ _____

Other Liabilities and Balance:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Current Liabilities: \$ _____

Creditor's Name: _____

Address: _____

Telephone: _____ Account #: _____

Month/Year Incurred: _____ Monthly Payments: \$ _____ Balance: \$ _____

Creditor's Name: _____

Address: _____

Telephone: _____ Account #: _____

Month/Year Incurred: _____ Monthly Payments: \$ _____ Balance: \$ _____

Creditor's Name: _____

Address: _____

Telephone: _____ Account #: _____

Month/Year Incurred: _____ Monthly Payments: \$ _____ Balance: \$ _____

Creditor's Name: _____

Address: _____

Telephone: _____ Account #: _____

Month/Year Incurred: _____ Monthly Payments: \$ _____ Balance: \$ _____



PERSONAL DECLARATIONS

For this section, if you answer **YES** to any of the following questions, please write the number and give an explanation of any instance/incident which occurred on page 17.

GENERAL

1. Have you ever used a name other than the one(s) listed on your application? ☐ Yes ☐ No
2. Have you deliberately withheld or omitted any information from your application? ☐ Yes ☐ No
3. Have you ever given up your driver's license for any reason? ☐ Yes ☐ No
4. Have you ever been involved in a hit and run accident? ☐ Yes ☐ No
5. Have you ever been stopped, arrested, or convicted for driving under the influence of alcohol and/or drugs or reckless driving? ☐ Yes ☐ No
6. Have you ever been held detained, questioned, or taken to jail for any reason? ☐ Yes ☐ No
7. Have you ever been convicted of a crime or had a charge reduced or dismissed? ☐ Yes ☐ No
8. Have you ever knowingly caused the death of another person? ☐ Yes ☐ No
9. Have you ever committed a crime in which a gun was used? ☐ Yes ☐ No
10. Have you ever filed and/or been served with a civil protection order? ☐ Yes ☐ No
11. Have you ever physically abused a spouse or child? ☐ Yes ☐ No
12. Do you frequently gamble? ☐ Yes ☐ No

ORGANIZATIONS/MEMBERSHIPS

13. Are you now or have you ever been, a member of any foreign or domestic organizations, associations, movement, group, or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? ☐ Yes ☐ No If yes, provide name of organization, dates and location:
14. Have you ever made a financial or other material contribution to any organization of the type described in the above question? ☐ Yes ☐ No
15. At any time of your membership, participation, or contribution, did you know of any unlawful aims of the organization? ☐ Yes ☐ No

DRUG USE

16. 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, injecting, absorbing, sniffing or inhaling.)

- ☐ Marijuana ☐ Codeine ☐ Heroin ☐ Hashish ☐ Valium ☐ LSD ☐ Steroids
- ☐ Mushrooms ☐ Cocaine ☐ PCP ☐ Any Hallucinogenic Drugs ☐ Valium ☐ Amphetamines
- ☐ Any substances not listed above _____

17. Have you ever purchased any of the drugs mentioned? ☐ Yes ☐ No



18. Have you ever sold or offered for sale any drugs? ☐ Yes ☐ No
19. Have you ever transported any drugs? ☐ Yes ☐ No
20. Have you ever manufactured or assisted in the manufacture of any drug? ☐ Yes ☐ No
21. Has anyone ever told you that you drink too much? ☐ Yes ☐ No
22. Have you ever suffered from an alcohol problem? ☐ Yes ☐ No
23. Do you now or have you previously used alcoholic beverages? ☐ Yes ☐ No If yes, to what extent? (Use pg. 17)

SEX CRIMES

24. Have you ever engaged in a sex act for money? ☐ Yes ☐ No
25. Have you ever forced any person to have sexual contact with you? ☐ Yes ☐ No
26. Have you ever had sexual contact with anyone who was mentally or physically helpless? ☐ Yes ☐ No
27. Have you ever had any sexual contact with a child since you became an adult? ☐ Yes ☐ No
28. Have you ever been involved in any (other) illegal sexual activity? ☐ Yes ☐ No

HONESTY

29. Have you ever stolen anything from anyone else? ☐ Yes ☐ No
30. Have you ever knowingly had any stolen property in your possession? ☐ Yes ☐ No
31. (If applicable) Did you ever steal anything while in the Military? ☐ Yes ☐ No
32. Have you ever helped anyone steal from an employer? ☐ Yes ☐ No
33. Have you ever knowingly sold or purchased any stolen property? ☐ Yes ☐ No
34. Have you ever lied to an employer, when, if you had told the truth, you could have been dismissed? ☐ Yes ☐ No

SUMMARY

35. Have you deliberately falsified any of the answers you have given? ☐ Yes ☐ No
36. Have you withheld any information about an incident or condition, which might open you to pressure or blackmail?
☐ Yes ☐ No
37. In addition to what you have declared, are you aware of anything that might make it difficult for you to do the work of an employee of the Teton County Sheriff's Office? ☐ Yes ☐ No
38. Did you cheat, lie or misrepresent yourself in any way in seeking this position? ☐ Yes ☐ No
39. An investigation will be conducted of all information listed on this application. 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



230 N Main St., #160, Driggs, ID 83422 – Phone: (208) 354-2323 – Fax: (208) 354-8028 – Email: sheriffdocs@co.teton.id.us

If you answered YES to any of questions 1-39 above, please write the number and give an explanation of any instance/incident which occurred.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SOCIAL MEDIA PRESENCE

Please list any social media platforms with which you have an account. Please include your profile name(s) for your account. For example: facebook.com/mary.smith or the name you have listed to view your profile. **Do not list your login name or other credentials you use you access your social media account.**

- | | |
|------------------------------------|-----------------------------|
| <input type="checkbox"/> Facebook | Profile Name or Link: _____ |
| <input type="checkbox"/> Instagram | Profile Name or Link: _____ |
| <input type="checkbox"/> Twitter | Profile Name or Link: _____ |
| <input type="checkbox"/> LinkedIn | Profile Name or Link: _____ |
| <input type="checkbox"/> _____ | Profile Name or Link: _____ |
| <input type="checkbox"/> _____ | Profile Name or Link: _____ |
| <input type="checkbox"/> _____ | Profile Name or Link: _____ |



SIGNATURE/CERTIFICATION OF ACCURACY & NOTARY SEAL

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 any information will subject me to disqualification of 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 this Employer, and if employed, my termination from employment.

Signed this _____ day of _____, 20_____.

 Signature in Full

 Printed Name 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 WHITNESS 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)



RELEASE OF INFORMATION

Applicants Full Name: _____

Maiden Name and All Aliases _____

Date of Birth: _____ Social Security No.: _____ - _____ - _____

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would re-hire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the requesting agency. Consent is granted for the agency to furnish such information, as described above to third parties in the course of fulfilling its official responsibility.

I hereby release you, as the custodian of such records, and your employer, educational institution, credit bureau, or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel, including a photocopy of my DD-214, Report of Separation, to the above listed agency and address.

Signed this _____ day of _____, 20____.

Signature in Full

Printed Name 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 WHITNESS 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)