



























**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](mailto: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 unfavorable on yourself?  Yes  No





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.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**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 or 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)