



APPLICATION FOR EMPLOYMENT – NON SWORN – INITIAL APPLICATION

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): (____) _____ (____) _____

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

<p>For Official Use Only:</p> <p><input type="checkbox"/> Completed</p> <p><input type="checkbox"/> Signed</p> <p>Date Received _____</p> <p>By _____</p>
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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



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: _____

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: _____



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 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