



# BUHL POLICE DEPARTMENT

Jeremy R. Engbaum  
CHIEF OF POLICE

Minimum qualifications for Office Manager include:

1. Must be at least 21 years of age;
2. Must be a U.S. Citizen;
3. High School graduate or equivalent, college preferred;
4. Military veterans must furnish copy of form DD214;
5. Valid driver's license from current state of residence;
6. Must have no driver's license suspensions within the last five (5) years;
7. **No** prior felony convictions;
8. **No** prior convictions for crimes of Domestic Violence;
9. **No** applicant for employment with this agency will be considered for employment if they have been found guilty by a court or jury of Driving Under the Influence of any intoxicant within five (5) calendar years prior to the date of application.
10. Not less than two (2) years of responsible work experience following high school;
11. Pass an oral interview;
12. Pass a background investigation;
13. Pass a pre-employment drug screening;
14. Knowledge of computers and programs;
15. Skill in typing, transcription and dictation;
16. A thorough knowledge of general clerical procedures;
17. Must successfully pass NCIC Basic and Advance tests;

## Strongly desired Qualifications:

ILETS TAC experience:

- a. Responsibilities of TAC: to ensure proper operation of ILETS and NCIC, the standards, procedures, formats, and criteria as contained in the ILETS and NCIC Operating Manuals.
- b. Accurate, completeness and timeliness of entries; security; dissemination logs; record validations, test.

Uniform Crime Reporting:

- c. Responsible for crime data input to produce a reliable set of criminal statistics for use in law enforcement operation and management.

Public Contact:

- d. Assist public in obtaining appropriate forms for reporting criminal incidents, traffic accidents, and other generalized police related incidents.

## ALL applicants must perform the following:

1. Complete a written Buhl Police Department application and submit it to the office of the Chief of Police. Resumes may also be submitted, but a department application is **required**.
2. The Buhl Police Department written application and all attachments **must** be filled out completely and signed in the appropriate locations by the applicant. Failure to complete the application and all attachments will result in immediate disqualification from moving forward in the hiring process.



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## Buhl Police Department Applicant Substance Abuse Policy

1. Any applicant for employment with this agency will be disqualified for employment consideration for any current or prior unlawful activity involving the sale, manufacture, cultivation, or dispensing of **any** controlled substance.
2. Any applicant for employment with this agency will be disqualified for employment consideration for any unlawful use of marijuana within one (1) year prior to the date of application.
3. Any applicant for employment with this agency will be disqualified for employment consideration for any unlawful use of a drug classified as a hallucinogenic within seven (7) years prior to the date of application.
4. Any applicant for employment with this agency will be disqualified for employment consideration for any unlawful use of any other controlled substance (including cocaine) within five (5) years prior to the date of application.
5. Any applicant for employment with this agency will be disqualified for employment consideration for any illegal or unauthorized use of prescription medications.
6. Any applicant for employment with this agency will be disqualified for employment consideration for any illegal adult use or possession of a drug while employed in law enforcement capacity, military police, or as a student enrolled in college-accredited courses related to the criminal justice field.
7. No person who is a current user or seller of controlled substances will be considered for employment with this agency.
8. Failure to divulge to this department any information about personal illegal use or possession of drugs shall immediately disqualify an applicant for employment consideration.
9. Any drug test of the applicant, during the course of the hiring process, where illegal drugs are detected shall immediately disqualify an applicant for employment consideration.
10. Any applicant for employment with this agency will be disqualified for employment if he/she has been found guilty by a court or jury of Driving Under the Influence of any intoxicant within five (5) calendar years prior to the date of application.

These questions shall be asked and affirmed by the officer/person administering the polygraph examination during the course of the background investigation.

# BUHL POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

**A Drug Free  
Workplace**



Buhl Police Department  
201 Broadway Ave N.  
Buhl, Idaho 83316  
Phone: (208) 543 4200  
Cell: (208) 308-1500  
FAX: (208) 543-8831

## PERSONAL INFORMATION

NAME

\_\_\_\_\_  
Last First Middle Position applied for

ADDRESS

\_\_\_\_\_  
No. Street  
\_\_\_\_\_  
City State Zip Code e-mail address (optional)

PHONE

\_\_\_\_\_  
Home Work Cellular

Are you over 21 years of age?  Yes  No

If hired, can you provide proof of US citizenship or the right to work in the United States?  Yes  No  
(Federal Law requires proof of identify and employment authorization for all new employees.)

For positions requiring the operation of a motor vehicle:

Do you have a valid driver's license?  Yes  No  
License # \_\_\_\_\_ Type of License  Operator  
 Commercial (please indicate what class)

Do you have any immediate relatives working for us?  Yes  No  
(Relative shall mean any person related by blood or marriage who is a spouse, grandmother, parent, child, brother, or sister.)

If yes: \_\_\_\_\_  
Name Relationship Department

Have you ever been convicted of a criminal offense?  Yes  No  
(A conviction will not necessarily disqualify an applicant.)

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NOTICE

**The City of Buhl is an Equal Opportunity/Affirmative Action Employer.** We do not discriminate on the basis of race, religion, color, gender, age, national origin or disability where the person is able to perform the essential functions of the position.

## EDUCATION AND TRAINING

|   |   |                       |                              |
|---|---|-----------------------|------------------------------|
| Do you have a high school diploma or Equivalent? (GED) <input type="checkbox"/> yes <input type="checkbox"/> no | Name and Location of school awarding diploma or GED |                       |                              |
| Special Training or Education beyond High School  |   |                       |                              |
| Name of School/Location   | Major Course  | Credit Hrs. completed | Type of Degree/Date Received |
|   |   |                       |                              |
|   |   |                       |                              |
|   |   |                       |                              |

## EMPLOYMENT HISTORY

**List the last 10 years' work experience beginning with most recent; attach an additional sheet if necessary.** Supplemental information may be submitted by attaching a resume but should not replace requested information.

|                              |   |  |                    |
|------------------------------|---|--|--------------------|
| Name of Employer             |   | Position   |                    |
| Address                      | City  | State  | Zip                |
|                              |   |  | Phone (    )    -  |
| Name and Title of Supervisor |   |  |                    |
| Dates Employed<br>From<br>To | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Was employment full-time <input type="checkbox"/> part-time <input type="checkbox"/> | Reason for leaving |
| Brief description of duties  |   |  |                    |
|                              |   |  |                    |
| Name of Employer             |   | Position   |                    |
| Address                      | City  | State  | Zip                |
|                              |   |  | Phone (    )    -  |
| Name and Title of Supervisor |   |  |                    |
| Dates Employed<br>From<br>To | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Was employment full-time <input type="checkbox"/> part-time <input type="checkbox"/> | Reason for leaving |
| Brief description of duties  |   |  |                    |
|                              |   |  |                    |
| Name of Employer             |   | Position   |                    |
| Address                      | City  | State  | Zip                |
|                              |   |  | Phone (    )    -  |
| Name and Title of Supervisor |   |  |                    |
| Dates Employed<br>From<br>To | May we contact?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Was employment full-time <input type="checkbox"/> part-time <input type="checkbox"/> | Reason for leaving |
| Brief description of duties  |   |  |                    |
|                              |   |  |                    |

|                              |  |  |                    |
|------------------------------|--|--|--------------------|
| Name of Employer             |  | Position   |                    |
| Address                      | City   | State  | Zip                |
|                              |  |  | Phone<br>( ) -     |
| Name and Title of Supervisor |  |  |                    |
| Dates Employed<br>From<br>To | May we contact<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Was employment full-<br>time <input type="checkbox"/> part-time <input type="checkbox"/> | Reason for leaving |
| Brief description of duties  |  |  |                    |
|                              |  |  |                    |
| Name of Employer             |  | Position   |                    |
| Address                      | City   | State  | Zip                |
|                              |  |  | Phone<br>( ) -     |
| Name and Title of Supervisor |  |  |                    |
| Dates Employed<br>From<br>To | May we contact<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Was employment full-<br>time <input type="checkbox"/> part-time <input type="checkbox"/> | Reason for leaving |
| Brief description of duties  |  |  |                    |
|                              |  |  |                    |

**COMMENTS**

|  |
|--|
| List any comments or qualifying statements you care to make. |
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|  |

**REFERENCES**

|   |                                   |              |
|---|-----------------------------------|--------------|
| List persons known, but not related, to you for at least three years. |                                   |              |
| Name  | Business/Personal<br>Relationship | Phone Number |
| 1.  |                                   |              |
| 2.  |                                   |              |
| 3.  |                                   |              |
| 4.  |                                   |              |
| 5.  |                                   |              |
| 6.  |                                   |              |

## APPLICATION QUESTIONS

1. Have you ever been arrested or detained by any law enforcement or military police for any reason?

Yes  No, If yes, explain including name of organization, date(s) and location.

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2. Have you ever been named on a warrant, restraining order or protection order?

Yes  No, If yes, explain including name of organization, date(s) and location.

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3. Have you ever used, possessed, transported, sold or purchased any type of marijuana or cannabis oil?

Yes  No, If yes, explain including date(s) and location.

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4. Have you ever used, possessed, transported, sold or purchased any type of illegal narcotic, inhalant or synthetic drugs?

Yes  No, If yes, explain including date(s) and location.

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5. Have you ever participated in growing, manufacturing or the production of any drug, narcotic or other controlled substance?

Yes  No, If yes, explain including date(s) and location.

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6. Have you ever been convicted of a felony?

Yes  No, If yes, explain including date(s) and location.

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7. Have you ever purchased or sold a prescription drug without a doctor's prescription?

Yes  No, If yes, explain including date(s) and location.

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8. Have you ever used a prescription drug without a prescription?

Yes  No, If yes, explain including date(s) and location.

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9. Have you ever been convicted for crimes of Domestic Violence?

Yes  No, If yes, explain including date(s) and location.

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10. Have you ever taken anything from an employer that you weren't supposed to?

Yes  No, If yes, explain including name of organization, date(s) and location.

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11. Have you ever done anything while at work that if caught, you might have been in trouble?

Yes  No, If yes, explain including name of organization, date(s) and location.

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12. Have you ever stolen anything that did not belong to you?

Yes  No, If yes, explain including date(s) and location.

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13. Since you turned 18 years old, have you ever had sex with someone under the age of 18 years old?

Yes  No, If yes, explain including date(s) and location.

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14. Have you ever forced yourself onto someone sexually, who objected?

Yes  No, If yes, explain including date(s) and location.

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15. Have you ever committed or participated in any crime other than minor traffic violations, but did not get caught?

Yes  No, If yes, explain including date(s) and location.

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16. Have you ever stalked or harassed anyone whether in person or on the internet?

Yes  No, If yes, explain including date(s) and location.

\_\_\_\_\_

17. Have you ever been found guilty by a court or jury of Driving Under the Influence of any intoxicant within five (5) calendar years prior to the date of application?

Yes  No, If yes, explain including date(s) and location.

\_\_\_\_\_

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 information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by the Buhl Police Department, 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 the City of Buhl, and if employed, my termination from employment.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 21\_\_\_\_\_

Signature in Full

\_\_\_\_\_

Print Named in Full

NOTARY

State of \_\_\_\_\_ )  
: ss.  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 21 \_\_\_\_\_, 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 WITNESS 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: \_\_\_\_\_, 21\_\_\_\_\_.



## APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please call for assistance.

1. I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, termination from employment.
2. I authorize the employers, schools or persons named above to provide information regarding my employment, education, character and qualifications.
3. I understand and agree that, if hired, my employment is for an indefinite period of time and that this employment application does not constitute an employment contract.
4. Submission of this application gives the Buhl Police Department your expressed consent to perform any background check the agency may deem necessary or appropriate. Any false statement either verbal or written, may cause the applicant's name to be removed from consideration or be cause for immediate dismissal.
5. To the extent not covered by the relevant City policies on defense of and payment of claims against officials and employees, I \_\_\_\_\_, do hereby agree to indemnify and hold harmless the Buhl Police Department and the City of Buhl, from any and all claims or causes of action that may arise out of performance of my duties. I waive any right to action I have against the aforementioned entities in consideration of my application of my participation with the Buhl Police Department
6. This application is true and factual to the best of my knowledge. I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that all entries made by me were done in good faith.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

AUTHORIZE AND RELEASE WAIVER OF INFORMATION

I, have listed you as a prior employer or agency that maintains records pertaining to my training or status as an employee or peace officer. I respectfully request and authorize release of any and all information that may concern me; my work records, school records and my reputation to the Buhl Police Department and City of Buhl. I authorize Photostats of the same.

This information is to be used to assist the Buhl Police Department in determining my qualifications, eligibility and fitness for a position with the Buhl Police Department and/or that of a peace officer in the State of Idaho.

I, \_\_\_\_\_ hereby release you, your organization or other from liability or damage that may result from furnishing the information requested above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Today's date: \_\_\_\_\_

## VETERAN'S PREFERENCE

If you are **NOT** claiming Veteran's Preference, please initial here \_\_\_\_\_ and proceed to the next page.

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 veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

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(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

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

### Part 1. Preference Eligible Veteran's:

- 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 unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

### Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

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

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Today's date: \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES  NO

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, an applicant for employment with the **City of Buhl, Police Department**, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of the **City of Buhl, Police Department**, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the **City of Buhl, Police Department**. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

Dated: \_\_\_\_\_

Printed name, including all names I have previously used or been known by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_