

Other: List all other names you have used including circumstances and time periods you used them. (For example: Maiden name, former names, aliases, or nicknames.)

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

4. Are you a United States Citizen? Yes No

If naturalized, please provide: _____
Place

Court Naturalization No.

5. Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

D. EDUCATION/TRAINING

High School or GED Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Major: _____ Minor: _____

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:

2. Have you ever been suspended or expelled from school? Yes No

If yes, please explain:

3. List any foreign languages you can speak:

List any foreign languages you can read:

List any foreign languages you can write:

4. Indicate any law enforcement education/training (Attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

5. 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, explain.

_____ Date(s)

_____ Date(s)

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

7. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: Two-way radio communications, breathalyzer, speed detection equipment, firearms):

E. TECHNOLOGY SKILLS

Check All Skills & Software Applications You Have Experience Using (any version):

- PC User Macintosh User Windows Microsoft Word Microsoft Access Microsoft Excel
 Microsoft Publisher Web Page Design/Maintenance E-Mail Internet Scanner Copier Fax
 Other: Please list:

Professional Licenses or Certificates Held:

F. EMPLOYMENT HISTORY

List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:	Final Rate of Pay:	
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:	Final Rate of Pay:	
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:	Final Rate of Pay:	
Position Held:				
Primary Duties:				
Reason for Leaving:				

Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving:				

Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:	Final Rate of Pay:	
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:	Final Rate of Pay:	
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:		To:	Final Rate of Pay:	
Position Held:				
Primary Duties:				
Reason for Leaving:				

1. 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 give details, including dates, employer's name, and specifics:

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes No

If yes, please give details, including dates, employer's name, and specifics:

G. APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

1. 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	Name of Plaintiff(s)	Approximate Date	Court Where Filed

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

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

3. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA, or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

H. DRIVING HISTORY

1. Are you a licensed Idaho automobile operator? Yes No License No.: _____
 Date of Expiration: _____ Restrictions: _____

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

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

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?
 Yes No
 If yes, please provide complete details.

I. MILITARY HISTORY

1. 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: _____

2. Date and type of discharge: _____

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

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

5. Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

6. Have you ever served in the Armed Forces of a foreign country? Yes No

If yes, please specify countries and dates.

VETERAN'S PREFERENCE

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

(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.

Preference Eligible Veterans:

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

K. ORGANIZATION MEMBERSHIP

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, 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, including name of organization, dates of membership and location.

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

Yes No

If yes, explain including name of organization, dates and location.

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

If yes, explain including name of organization, dates and location.

L. PERSONAL & PROFESSIONAL REFERENCES

1. Personal References: Please list the names of three (3) persons not related to you by blood or marriage.

Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

2. Professional References: List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage.

Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

M. DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or GED, college diploma or transcripts.
3. Attach a certified copy of military discharge(s) Form DD-214.

We will 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 to this application at the time it is submitted.

N. OTHER REQUIREMENTS

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test and complete physical examination, as well as be required to complete the Background Information form and a polygraph examination.

RELEASE OF INFORMATION

APPLICANT'S FULL NAME: _____

MAIDEN NAME AND ALL ALIASES: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

NAME & ADDRESS OF EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:

Mountain Home Police Department
2775 E. 8th North Street
Mountain Home, ID 83647

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 rehire 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 request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your employer, education 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.

Signature in Full _____ Signed this _____ day of _____, 20____.

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 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 _____ (Official Seal)

My Commission Expires _____, 20____