



Jefferson County Probation

Address: 240 S. 5th West, Suite E, Rigby, ID 83442

PH# 208-745-8244 ~ FX# 208-745-8293

"Promoting Safety and Empowering Positive Change"

PROBATION EMPLOYMENT APPLICATION FORM

APPLICANT NAME: _____ Date: _____

Thank you for your interest in applying for a position with Jefferson County Probation. Applicants that will be considered for employment will be required to submit to an oral interview and a thorough background investigation. All questions must be answered truthfully. All statements in your application are subject to verification as allowed by law. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

Successful applications considered for a position with Jefferson County Probation will meet the following criteria:

- a) Possess a Valid Idaho Driver's License*
- b) Have NO more than five (5) moving traffic convictions during the past five (5) years*
- c) Have No DUI or DWP for the past five (5) years*
- d) Have no history or criminal convictions of a Sex Offense, Violence, Domestic Violence or Drug Related charges*
- e) Meet Physical Fitness, Mental and Emotional stability, Hearing, Vision and Medical requirements (per IDAPA 11.11.01 for all POST certifiable positions)*
- f) Have No felony convictions*
- g) Must be Twenty-one (21) years of age or older*
- h) Must have a High School Diploma or Equivalent.*
- i) Must have No usage of illicit drugs after 21 years of age*
- j) Must be able to submit to and pass a drug test*

This packet contains the following forms:

- ✓ Veteran's Preference Form
- ✓ Waiver of Liability and Authorization to Release Information Form
- ✓ Employment Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYER: We consider applicants for all positions without regard to race, creed, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Scan and e-mail your completed application, any letters of explanation and resume to:

tadkins@co.jefferson.id.us

Waiver of Liability and Authorization to Release Information

In consideration of the Jefferson County Probation Department, hereinafter referred to as the Agency, processing my application for employment, I, _____ hereby irrevocably agree to the following terms and conditions:

1. The term “background investigation” as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency’s officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I hereby consent to allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the Jefferson County Probation Department or its authorized agents and/or representatives.
8. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation or required exam results as outlined in IDAPA 11.11.01 as conducted by the Agency, realizing such information must of necessity remain confidential.

DO NOT SIGN BEFORE READING this release from liability given by me to the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

FULL LEGAL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY#: _____

Date: _____ *Signature of Applicant:* _____

EMPLOYMENT APPLICATION

Section A:

Full Legal Name:		Application Date:	
Are you over the age of 21? (Y/N)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact Phone(s):	
Current Address:			
Email Address:			
Driver's License State:			
DL Number:			
DL Expires On:			
Can you demonstrate a legal right to work in the United States? (Y/N)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can you perform the essential functions of this job with or without reasonable accommodations?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

List all other names you have used including circumstances and time periods you used them.
(for example: maiden name, former name, alias, or nickname.)

Name	Circumstances	From: (MO/YR)	To: (MO/YR)

List all prior residences where you have lived during the past (5) five years. List the complete address including street number, street name, city, state, and zip code. If additional space is needed, list on a separate sheet.

Address	City	State/Zip	From: (MO/YR)	To: (MO/YR)

EMPLOYMENT HISTORY

List all employment you have had all time must be accounted for. List your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time and sequence and temporary part-time jobs.

Please complete all information. Applications which are not complete will not be considered.

Section B:

Company Name	Title/Position	Supervisor Name	Current Employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR
Job Duties Performed:			
Reason for Leaving			
Company Name	Title/Position	Supervisor Name	Current Employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR
Job Duties Performed:			
Reason for Leaving			
Company Name	Title/Position	Supervisor Name	Current Employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR
Job Duties Performed:			
Reason for Leaving			
Company Name	Title/Position	Supervisor Name	Current Employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR
Job Duties Performed:			
Reason for Leaving			

Company Name	Title/Position	Supervisor Name	Current Employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR
Job Duties Performed:			
Reason for Leaving			
Company Name	Title/Position	Supervisor Name	Current Employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR
Job Duties Performed:			
Reason for Leaving			

EDUCATION/TRAINING
(Attach additional sheets of paper if needed)

Section C:

<u>School Name</u>	<u>Address/Phone</u>	<u>Dates</u>	<u>Course of Study/Major</u>
High School:			
College/University:			
College/University:			

Briefly list any training or skills, including firearms that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

Special Skills, Abilities or Training:	
Foreign Languages:	
Typing Speed WPM:	
Rate your Computer, technical device and office equipment knowledge: 1= Unskilled & 10 = Expert:	Rating/Notes:
Other:	

Applicants with current or prior Law Enforcement Experience:
For any ‘Yes’ answers below, attach a separate sheet with a written explanation

Section D:

1. Have you ever worked for a law enforcement agency? Where? _____ Dates: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you have any complaints made against you by any member of the public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Did you have any complaints made against you by any law enforcement personnel, including supervisors or administrators?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Did you have a claim or lawsuit filed against you or your employing agency based on allegations of negligent or wrongful acts or omission by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Did you have any disciplinary action taken against you by a law enforcement employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been requested or ordered to take a polygraph exam or any other form of truth/deception technology?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list any previous law enforcement training:	

Legal History:

For any ‘Yes’ answers below, attach a separate sheet with a written explanation.

Section E:

7. Do you know of any reason that you could not pass a background check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you ever stolen from an employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you ever assisted someone in committing a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you ever accepted money to not to report a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have you ever committed a crime for which you were not arrested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you ever taken a prescription that was not legally prescribed to you by a medical doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you ever been convicted of a misdemeanor crime (Does not include traffic citations or other infractions)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Has any driver’s license issued to you in any State ever been suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you ever been placed on informal or formal probation or parole by a court of law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Have you ever been convicted of a Felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Have you ever had automobile insurance refused, withdrawn, revoked or been required to obtain special risk insurances?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Military History:

Section F:

1. Have you ever served on active duty in the Armed Forces of the United States? Branch of Service: _____ Highest Rank: _____ Date and type of discharge: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you now or have you ever been a member of a reserve unit or the National Guard? Branch/Name/Location of unit: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Was any type of disciplinary action taken against you in the service? If yes please provide: Date: _____ Place: _____ Nature of Offense: _____ Action Taken: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever served in the Armed Forces of a foreign country? Countries: _____ Dates: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

Part 1. 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.

Personal History:

For any 'Yes' answers below, attach a separate sheet with a written explanation.

Section G:

5. Have you ever been fired or asked to resign from a job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you had any disciplinary action taken against you from any employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Have you ever had a financial judgment against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you ever declared bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. 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 <input type="checkbox"/> No <input type="checkbox"/>
11. Have you ever made a financial or other material contribution to any organization of the type described in question #7?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section H:

<u>Personal References</u>			
Please list three (3) persons not related to you by blood or marriage			
Name	Address	Phone Number	Years Known

<u>Professional References</u>			
List three (3) professional references who have known you well for at least five (5) years not related to you			
Name	Address	Phone Number	Years Known

SIGNATURE & CERTIFICATION OF ACCURACY

Please Read Carefully Before Signing This Application

I hereby certify and attest 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 this Agency, I acknowledge that my failure to update this information may result in disciplinary action 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 the _____ day of _____, 20____

Applicant Signature