



**TWIN FALLS COUNTY SHERIFF'S OFFICE**

**425 Shoshone St. N. / P.O. Box 126**

**Twin Falls, ID 83303-0126**

[www.twinfallscoso.com](http://www.twinfallscoso.com)

**EOE / VETS / Drug Free Workplace**

**APPLICATION FOR EMPLOYMENT**

**PLEASE NOTE: To be considered an applicant, you must complete this form.** Each question should be fully and accurately answered. Use blank paper if you do not have enough room on this application. A resume may be attached, however, the application form must be completed to be considered. If you have no information to enter in a section, please write N/A. **PLEASE PRINT**, except for signature lines. We will make reasonable accommodation in the application process, if needed. Twin Falls County only accepts applications for current job openings and a separate application form must be submitted for each position. All applications must be submitted to the Human Resources Department.

Name (Print) \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First Initial

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
No. Street City State Zip Day Message

Job applied for? \_\_\_\_\_ Available start date: \_\_\_\_\_

What type of employment are you seeking: Full time  Part time  Temporary or Seasonal

Days/Hours you are available to work: ( Check all that apply )  
Saturday  Sunday  Evenings  Overtime  Weekdays \_\_\_\_\_ to \_\_\_\_\_

Are you willing to perform job-related travel? Yes  No

Do you have a valid driver's license? No  Yes  License number & state issued: \_\_\_\_\_  
Commercial driver's license? No  Yes  Class: \_\_\_\_\_

Some positions require you to be a minimum of 21 years of age: Are you at least **21 years** of age? Yes  No   
For other positions, are you at least **18 years** of age? Yes  No

Are you legally eligible for employment in the United States? Yes  No   
(Federal Law requires proof of identity and employment authorization for all new employees.)

Have you ever been charged with a crime, convicted, or pled guilty to a felony or a misdemeanor, including withheld judgments and bond forfeiture? This will not necessarily disqualify you. Yes  No  If yes, please give details, including dates:

State Law restricts some employment of relatives. List the name(s) and position(s) of any Twin Falls County employee related by blood, adoption or marriage:

**VETERAN'S PREFERENCE**

Per Idaho Code, Title 65, Chapter 5, Twin Falls County 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, complete the information on the next page and attach a copy of your DD-214, and if applicable, your letter from Veterans Affairs stating your disability determination to this application.

**I wish to claim veteran's preference:**

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

## VETERAN'S PREFERENCE

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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 Veterans:

- I served on active duty at any time from 12-7-41 and ending 7-1-55.
- I served on active duty for 180 consecutive days, any part of which occurred after 1-31-55 and before 10-15-76.
- I served on active duty at any time from 8-2-90 and ending 1-2-92.
- I served on active duty for a period of more than 180 consecutive days, any part of which occurred during the period beginning on 9-11-01 and ending when prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom.
- I have been awarded an Armed Forces Expeditionary Medal (AFEM). All AFEM recipients, whether listed here or not, qualify for veteran's preference and must be shown on your DD-214 form. Examples of some of the most common campaign medals are: Vietnam (Service Medal), El Salvador, Lebanon, Granada, Panama, Bosnia, Kosovo, Afghanistan, Southwest Asia (Persian Gulf), Somalia, and Haiti. (Award of the National Defense Service medal does not qualify.) For a listing of Wars, Campaigns, and Expeditions of the Armed Forces which qualify for veteran's preference, go to [www.opm.gov/veterans/html/vgmedal2.htm](http://www.opm.gov/veterans/html/vgmedal2.htm).
- 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 Twin Falls County.

- I have never received veteran's preference by any State of Idaho agency. (If you have received an initial appointment claiming veteran's preference, you are not eligible for preference.)
- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

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

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

### Employment History

Have you ever worked for Twin Falls County before? Yes  No  If yes, list dates, departments, and your name if different from pg. 1: \_\_\_\_\_

Have you ever been involuntarily terminated from employment or asked to resign in lieu of proposed termination?

Yes  No  If yes, can the terms be disclosed by you?

Yes  No  If yes, please explain on separate sheet of paper.

Complete all applicable sections, starting with your current or most recent employer and include any time periods of military duty or self-employment.

Most recent/ current EMPLOYER:		DATES OF EMPLOYMENT:	
SUPERVISOR:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE	HOURS PER WEEK:	SALARY:	
DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		DATES OF EMPLOYMENT:	
SUPERVISOR:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE	HOURS PER WEEK:	SALARY:	
DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		DATES OF EMPLOYMENT:	
SUPERVISOR	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS:	CITY:	STATE:	ZIP:
JOB TITLE	HOURS PER WEEK:	SALARY:	
DUTIES:			
REASON FOR LEAVING:			

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EMPLOYER: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ MAY WE CONTACT? YES  NO

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ SALARY: \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ MAY WE CONTACT? YES  NO

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ SALARY: \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ DATES OF EMPLOYMENT: \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ PHONE: \_\_\_\_\_ MAY WE CONTACT? YES  NO

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ SALARY: \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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**PERSONAL REFERENCES:** Please list the names of three (3) persons not related to you by blood or marriage:

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

Connection to you (friend, co-worker, etc.): \_\_\_\_\_

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

Connection to you (friend, co-worker, etc.): \_\_\_\_\_

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

Connection to you (friend, co-worker, etc.): \_\_\_\_\_

**Education:**

Do you have a high school diploma or equivalent? Yes  No

*(Circle last year completed)*

**SCHOOL NAME**

**MAJOR SUBJECTS**

Elementary & Jr. High 5 6 7 8

\_\_\_\_\_

Not applicable

High School 1 2 3 4

\_\_\_\_\_

College 1 2 3 4

\_\_\_\_\_

Please list other job related skills, including machinery, equipment, computers, licenses, or certifications:

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

Given your knowledge, skills, education, and experience, are you able to perform all the essential elements of the position for which you are applying as set forth in the job description with or without special accommodation? Yes  No   
If no, what accommodation(s) would be required to perform the essential elements of this position?

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

Twin Falls County reserves the right to require applicants and employees to take medical examinations and/or tests of our choice to determine fitness for duty. Results of these examinations will dictate action in accordance with County policy.

Twin Falls County reserves the right to require applicants and employees to take drug tests of our choice to determine fitness for duty, including, but not limited to: urine, blood or other examinations for evidence of alcohol or illegal substances, to be performed by an independent medical testing laboratory. Positive results of these examinations will dictate action in accordance with County policy.

As a condition of my being employed, I agree to take such medical and/or drug tests as required at a medical or testing facility selected by the County. I am not guaranteed a position of employment, and I understand I can not start working until after acceptable results are received by the County. I waive all provisions of law prohibiting any physician, person, hospital or other institution that has, or may hereafter, attend or furnish me with treatment from disclosing to the County any knowledge or information thereby acquired.

I have read the above statement and agree to the terms set forth as a condition of employment: Yes  No

**CERTIFICATION**

“I certify that the facts contained in this application and its attachments are true, accurate, and complete to the best of my knowledge and understand that false or misleading statements or material omissions on this application or provided in interviews constitute grounds for denial of employment, or for immediate dismissal if already employed.”

“I understand and agree that, if hired, my employment is for no definite period of time and either Twin Falls County or I may terminate employment at any time, and that this employment application does not constitute an employment contract.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TWIN FALLS COUNTY SHERIFF'S OFFICE  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, an applicant for employment with the Twin Falls County Sheriff, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of the Twin Falls County Sheriff, 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; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, 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 directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the Twin Falls County Sheriff 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 release form, signed by me, will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Date of Birth: \_\_\_\_\_

Printed name, including maiden name and all names I have previously used or been known by.

Place of Birth: \_\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_\_

Driver License's Number: \_\_\_\_\_

State: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

## **TWIN FALLS COUNTY SHERIFF EMPLOYMENT DISQUALIFIERS**

**See reverse side for Physical Fitness Requirements.**

**Keep this page for your reference.**

*The following list of actions or behaviors may result in an applicant being disqualified from consideration for employment. This is intended as a guide for employment candidates and is not all-inclusive. Other factors that are not listed may also result in a candidate being disqualified from employment consideration. Disqualifiers include, but are not limited to:*

- Failure to meet minimum job qualification;
- Falsification or omission of information on employment application or any supporting documents;
- Being terminated from most recently held job;
- History of disciplinary problems on the job;
- History of job terminations;
- Changing jobs more than three (3) times within the previous year;
- A history of not meeting financial obligations such as filing bankruptcy within previous two (2) years;
- Any history of behavior involving dishonesty, unprofessional conduct, unethical conduct, or immoral conduct which may effect the applicant's ability to perform the duties of a law enforcement officer;
- Use of marijuana or similar drugs within one (1) year prior to application;
- Use of cocaine, methamphetamine, or similar drugs within five (5) years prior to application;
- Abuse of prescription drugs within (5) years;
- Use of heroine, crack cocaine, LSD, PCP, or similar drugs ever;
- Any sale of illegal drugs ever;
- History of abuse of alcohol or other intoxicants within (5) years;
- A conviction of any misdemeanor sex crime, crime of deceit, or drug offense within five (5) years;
- A conviction for driving under the influence within two (2) years;
- Any arrest or conviction for domestic violence ever;
- A conviction for any other misdemeanor within two (2) years;
- Any felony conviction ever;
- The commission of any serious felony, whether or not arrested or convicted, such as murder, attempted murder, rape, robbery, and aggravated assault;
- Any type of discharge from the Armed Forces or its components other than honorable;
- Any driver's license suspension within two (2) years prior to application;
- Five (5) or more moving traffic offenses within three (3) years prior to application.

**PHYSICAL FITNESS TEST BATTERY**  
**POST PHYSICAL FITNESS TEST BATTERY SCORING**

Each of the five PFTB tests measures a different component of physical fitness, each of which is one determinant of an officer's ability to perform essential job tasks. To pass the PFTB, a participant must score a minimum of 10 points on *each* of the five PFTB tests. Performance below the level required for 10 points in any event is substandard and results in failure of the PFTB. Twenty points is the maximum possible for each test, a total of 100 being the highest possible PFTB score.

Fitness Category	Points	Vertical Jump (Inches)	1 – Minute		300 Meter (seconds)	1.5 Mile (min:sec)
			Sit-ups (Reps)	Push-ups (Reps)		
Excellent	<b>20</b>	21.5+	55+	62+	48.0-	9:57-
	<b>19</b>	20.5 - 21.0	51 - 54	56 - 61	48.1 - 51.0	9:58 - 10:50
Good	<b>18</b>	19.5 - 20.0	47 - 50	50 - 55	51.1 - 54.0	10:51 - 11:43
	<b>17</b>	18.5 - 19.0	43 - 46	44 - 49	54.1 - 57.0	11:44 - 12:36
Average	<b>16</b>	17.5 - 18.0	39 - 42	38 - 43	57.1-59.0	12:37 - 13:29
	<b>15</b>	16.5 - 17.0	35 - 38	32 - 37	59.1 - 62.0	13:30 - 14:20
Below Avg.	<b>14</b>	16.0	31 - 34	30 - 31	62.1-65.0	14:21 - 14:56
	<b>13</b>	15.5	27 - 30	28 - 29	65.1 - 68.0	14:57 - 15:32
	<b>12</b>	15.0	23 - 26	26 - 27	68.1 - 71.0	15:33 - 16:08
Minimum	<b>11</b>	14.5	19 - 22	23 - 25	71.1 -74.0	16:09 - 16:43
Acceptable	<b>10</b>	14.0	15 - 18	21 - 22	74.1 - 77.0	16:44 - 17:17
Substandard	<b>0</b>	< 14.0	< 15	< 21	> 77.0	> 17:17

