

Sheriff Doug Williams



Chief Deputy Jenny Hawkes

ONEIDA COUNTY SHERIFF'S OFFICE

Application for Employment

Phases of the Hiring Process:

1. **TO APPLY:** download and save this application into your desktop. Enter your personal information into the fillable PDF and answer all questions. Be sure attach copies of all required documentation. Mail or hand deliver to the address below with a cover letter.

We do not accept applications by fax or email.

2. **REVIEW:** All submissions will be reviewed for eligibility and completeness.
Incomplete Applications will not be accepted or processed.
3. **POSITION TESTING:**
 - Applicants for certified deputy positions must pass a Written Basic Skills Test and [Physical Readiness Test](#).
 - Applicants for Dispatch positions must pass a Computer Skills Test.
4. **INTERVIEWS:** Applicants will be selected for Oral Board and Background Interviews.
5. **BACKGROUND:** All Applicants must pass a thorough background investigation.
6. **CONDITIONAL OFFER:** Finalists who have successfully passed all phases of the hiring process will be given a Conditional Offer which may include medical, hearing, sight, and polygraph examination requirements according to the position being hired.
7. **OFFER:** A formal job offer will be made to those individuals selected for employment.

COMPLETED APPLICATIONS SHOULD BE SENT

**TO: Oneida County Sheriff's Office
Attention: Sheriff Doug Williams
10 Court Street
Malad, Idaho 83252
(208) 766-2251**

HIRING STANDARDS AND MINIMUM QUALIFICATIONS

Applicants must:

1. Be a citizen of the United States.
2. Be a high school graduate or have earned a GED certificate.
3. Possess or be able to possess a valid Idaho State driving license.
4. Must meet the following age requirements:
 - a. Patrol Deputy 21 years of age
 - b. Dispatch Communications: 19 years of age
 - c. Records Clerk, Drivers Services Clerk, or Administrative Asst.: 18 years of age
5. Have a minimum of 2 years of any combination of responsible work experience, military service, education, or any other productive activity.
6. Not have committed five (5) or more moving traffic offenses within the past 3 years.
7. An applicant is ineligible to attend a basic training academy and for certification under the following circumstances.
 - *A felony, if the applicant was eighteen (18) years old or older at the time of conviction;
 - *A misdemeanor Driving Under the Influence offense(s) within two (2) years immediately preceding application, or two or more (2) misdemeanor Driving Under the Influence offenses within five (5) years immediately preceding application
 - *A misdemeanor crime involving domestic violence, if the relevant law enforcement discipline requires the applicant to possess a firearm in the course of their duty, or if the conviction occurred within 5 years immediately preceding application
 - *A misdemeanor crime of deceit, as defined in these rules, or a misdemeanor sex offense, if the conviction occurred within five (5) years immediately preceding application;
 - *A misdemeanor drug-related offense, if the conviction occurred within one (1) year immediately preceding application.
 - *An applicant is ineligible if he used, illegally purchased, or illegally possessed marijuana, cannabis, hashish, hash oil, or THC in synthetic and natural forms, whether charged or not, if such use occurred: Within one (1) year immediately preceding application; While employed as a law enforcement officer, or in a position of public safety, regardless of when the use occurred.
8. Meet the following drug usage policy: **Failure to disclose past drug usage regardless of meeting these standards will automatically disqualify you for employment.**
9. Never received a military dismissal, bad conduct discharge, or dishonorable discharge.
10. Not presently planning to file or undergoing action in bankruptcy court in any state (personal or business). Applicants must wait a period of at least 1 year after bankruptcy before applying for a position, during which they have demonstrated fiscal responsibility.
11. Applicants must be of good moral character and not have engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession.

APPLICANT ACKNOWLEDGEMENT

By my signature below, I acknowledge that I have read and understood the standards listed above, and that written and physical testing, background investigation, oral board interviews, and medical, hearing, sight, and polygraph examinations may be conducted to verify my compliance with all the standards for the position in which I am applying.

(Signature Required)

SIGNATURE OF APPLICANT _____

DATE _____

PERSONAL INFORMATION

FIRST NAME: MIDDLE NAME: LAST NAME: LIST ANY OTHER NAMES EVER USED (MAIDEN): 		CHECK ALL POSITIONS YOU ARE APPLYING FOR: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">☐</td> <td>PATROL DEPUTY</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>DISPATCH</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>DRIVERS SERVICES</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>OTHER</td> </tr> <tr> <td style="text-align: center;">☐</td> <td> </td> </tr> </table>		☐	PATROL DEPUTY	☐	DISPATCH	☐	DRIVERS SERVICES	☐	OTHER	☐							
☐	PATROL DEPUTY																		
☐	DISPATCH																		
☐	DRIVERS SERVICES																		
☐	OTHER																		
☐																			
MAILING ADDRESS – BOX NO., CITY, STATE, & ZIP		SOCIAL SECURITY NO.	STATE ISSUED																
PHYSICAL ADDRESS - STREET, CITY, STATE, & ZIP		DATE OF BIRTH	AGE																
PLACE OF BIRTH		E-MAIL ADDRESS																	
LIST ALL THE CITIES AND STATES YOU HAVE EVER LIVED IN:																			
CELL PHONE#	WORK PHONE#	HOME PHONE#																	
HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY ONEIDA COUNTY?		☐ YES	☐ NO																
IF YES, WHEN? WHAT POSITION?																			
ANY RELATIVES EMPLOYED BY ONEIDA CO. SHERIFF’S OFFICE?		☐ YES	☐ NO																
IF YES, WHAT POSITION?																			
TYPE OF WORK YOU ARE SEEKING		DATE AVAILABLE TO WORK?																	
☐ FULL TIME ☐ PART TIME																			
ARE YOU WILLING TO WORK <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">☐</td> <td>DAY SHIFTS</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>NIGHT SHIFTS</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>ROTATING SHIFTS</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>WEEKENDS</td> </tr> </table>		☐	DAY SHIFTS	☐	NIGHT SHIFTS	☐	ROTATING SHIFTS	☐	WEEKENDS	HOW DID YOU LEARN ABOUT THE JOB OPENING? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">☐</td> <td>NEWSPAPER</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>BCSO WEBSITE</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>SOCIAL MEDIA</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>OTHER</td> </tr> </table>		☐	NEWSPAPER	☐	BCSO WEBSITE	☐	SOCIAL MEDIA	☐	OTHER
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☐	SOCIAL MEDIA																		
☐	OTHER																		
CAN YOU OPERATE A COMPUTER?		OTHER PLEASE SPECIFY ☐ YES ☐ NO																	
		WORDS PER MINUTE:																	

DESCRIBE THE TYPES OF COMPUTER EQUIPMENT & SOFTWARE PROGRAMS YOU HAVE USED AND YOUR LEVEL OF EXPERIENCE WITH EACH:			
DO YOU HAVE A VALID DRIVER'S LICENSE?		☐ YES	☐ NO EXPIRATION DATE:
DRIVERS LICENSE #		STATE ISSUED	
LIST ANY OTHER STATES IN WHICH YOU HAVE BEEN PREVIOUSLY ISSUED A DRIVERS LICENSE.			
ARE YOU 21 YEARS OF AGE OR OLDER?		☐ YES	☐ NO
ARE YOU A CITIZEN OF THE UNITED STATES?		☐ YES	☐ NO
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?		☐ YES	☐ NO
SPOUSE / SIGNIFICANT OTHER NAME		THEIR CONTACT PHONE #	I DO NOT HAVE A SPOUSE OR S/O ☐

REQUIRED DOCUMENTATION

The following documents are required to submit your application. If you require additional time to request a document from its original source, list the specific document missing, the reason, and your estimate of the time required to obtain and submit it to OCSO. Do not send original documents as they will not be returned. Failure to provide these required items may be grounds for rejection of your application.

SEPARATE RECENT PHOTOGRAPH OF YOURSELF (APPROXIMATE SIZE 2"x3")

VALID DRIVERS LICENSE

SOCIAL SECURITY CARD

BIRTH CERTIFICATE

HIGH SCHOOL DIPLOMA, G.E.D. OR TRANSCRIPTS SHOWING GRADUATION - *state requirement*

COLLEGE DIPLOMA (IF APPLICABLE)

SELECTIVE SERVICE REG./MILITARY DD214 Long Form(IF APPLICABLE)

CITIZENSHIP RECORDS – OR - NAME CHANGE RECORDS (IF APPLICABLE)

P.O.S.T. CERTIFICATES, LAW ENFORCEMENT TRAINING RECORDS (IF APPLICABLE)

BANKRUPTCY DISCHARGE PAPERS (IF APPLICABLE)

List Any Missing Documentation and Reason:

EDUCATIONAL HISTORY

List your educational history below. Use additional pages if necessary.

	NAME, CITY, AND STATE OF SCHOOLS ATTENDED	LAST GRADE ATTENDED	YEAR	DID YOU GRADUATE?	DEGREE / MAJOR
HIGH SCHOOL		☐ 9	FROM:	☐ YES	
		☐ 10		☐ NO	
		☐ 11	TO:	☐ GED	
		☐ 12		☐ ONLINE	
COLLEGE		☐ 1 YEAR	FROM:	☐ LE PROGRAM	
		☐ 2 YEARS		☐ AA	
		☐ 3 YEARS	TO:	☐ BA/BS	
		☐ 4 OR MORE		☐ OTHER	
COLLEGE		☐ 1 YEAR	FROM:	☐ LE PROGRAM	
		☐ 2 YEARS		☐ AA	
		☐ 3 YEARS	TO:	☐ BA/BS	
		☐ 4 OR MORE		☐ OTHER	
OTHER		SPECIFY	FROM:	☐ YES	
			TO:	☐ NO	
OTHER		SPECIFY	FROM:	☐ YES	
			TO:	☐ NO	

List any specialized training, additional schooling, or educational awards you may have:

List any foreign languages you speak and the extent of your proficiency:

Summarize any other experience, volunteer work, licenses, or technical skills:

EMPLOYMENT HISTORY

List all of your employment for the past ten (10) years, beginning with your present or most recent job. You must provide current contact information for all employers or supervisors.

EMPLOYER/COMPANY NAME		FROM:	TO:
FULL MAILING ADDRESS AND EMAIL ADDRESS		DATE	DATE
DUTIES (BE SPECIFIC)	POSITION/TITLE	TOTAL TIME EMPLOYED	HOURS PER WEEK
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	WAGE STARTING	WAGE ENDING
		PHONE NO.	

EMPLOYER/COMPANY NAME		FROM:	TO:
FULL MAILING ADDRESS AND EMAIL ADDRESS		DATE	DATE
DUTIES (BE SPECIFIC)	POSITION/TITLE	TOTAL TIME EMPLOYED	HOURS PER WEEK
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	WAGE STARTING	WAGE ENDING
		PHONE NO.	

EMPLOYER/COMPANY NAME		FROM:	TO:
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		PHONE NO.	

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EMPLOYER/COMPANY NAME		FROM: DATE	TO: DATE
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SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.	

If you need additional space for your employment history please use the Comment Page.

LAW ENFORCEMENT EXPERIENCE

List all public safety agencies at which **you have been employed** (law enforcement, fire department, correctional, etc.) Include agency name, position, dates of employment, supervisor name, and reason for leaving. If additional space is needed, use the comment page.

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List all public safety agencies that **you have applied with** (law enforcement, fire department, correctional, etc.) Include agency name, date applied, contact name, and how far you got in their hiring process. If additional space is needed, use the comment page.

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PERSONAL REFERENCES

Provide full and correct mailing addresses and contact information for at least five personal references that you have known for three-five years. List only persons we may contact. Notify your references that they will be contacted. Do not include anyone related to you or previous employers.

Please verify all addresses prior to submission of application.

Name		Years Known		Day Phone	
Occupation				Email	
Address				Relationship	
City		State		Zip Code	

Name		Years Known		Day Phone	
Occupation				Email	
Address				Relationship	
City		State		Zip Code	

Name		Years Known		Day Phone	
Occupation				Email	
Address				Relationship	
City		State		Zip Code	

Name		Years Known		Day Phone	
Occupation				Email	
Address				Relationship	
City		State		Zip Code	

Name		Years Known		Day Phone	
Occupation				Email	
Address				Relationship	
City		State		Zip Code	

PERSONAL HISTORY

To be eligible for employment you must successfully pass a background investigation and meet established standards set by the Oneida County Sheriff's Office and the Idaho POST Academy. Answers to the following questions are required to determine your eligibility IF you answer YES to ANY question, you MUST provide details.

This includes charges that were dismissed or received a Withheld Judgement .

Your answers will be verified through a detailed interview assessment, background investigation, and background examination. It is to your advantage to BE ABSOLUTELY TRUTHFUL in answering all questions. You must answer yes or no to each question.

Any falsification or omission of information will result in disqualification for employment.

HAVE YOU **EVER** RECEIVED A CITATION OR BEEN CHARGED WITH:

INFRACTION	YES	☐	NO	☐	This includes speeding citations and other minor offenses.
MISDEMEANOR	YES	☐	NO	☐	
FELONY	YES	☐	NO	☐	
CHARGE(S):					
DISPOSITION(S):					
DATE(S):					
LOCATION(S):					

IF MORE SPACE IS NEEDED PLEASE USE THE COMMENT PAGE

HAVE YOU **EVER** BEEN CONVICTED OF:

INFRACTION	YES	☐	NO	☐	This includes speeding citations and other minor offenses.
MISDEMEANOR	YES	☐	NO	☐	
FELONY	YES	☐	NO	☐	
CHARGE(S):					
DISPOSITION(S):					
DATE(S):					
LOCATION(S):					

IF MORE SPACE IS NEEDED PLEASE USE THE COMMENT PAGE

NOTE: A CONVICTION MAY NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. PROVIDE DETAILS OF ALL CHARGE(S), DISPOSITION(S), DATE(S), AND LOCATION(S)
THE CIRCUMSTANCES SURROUNDING THE OCCURRENCE(S) AND THE DEGREE OF RELEVANCE TO THE JOB FOR WHICH YOU ARE APPLYING FOR WILL BE TAKEN INTO CONSIDERATION.

QUESTIONNAIRE

Answer the following questions regardless of whether the incident may have been sealed, expunged, or dismissed. Detailed explanations are required for any YES answers on the COMMENT PAGE (p. 14). **DO NOT WRITE EXPLANATION ON THIS PAGE.**

1. As a juvenile or as an adult have you ever committed an offense where you could have been/or were arrested? If yes, give the date the offense was committed, what the offense was, and the disposition of charge(s) on the Comment Page.	Yes ☐	No ☐
2. Have you ever petitioned any court to seal or expunge a criminal or juvenile record? If yes, explain in detail on the Comment Page.	Yes ☐	No ☐
3. Have you been arrested or convicted of a misdemeanor or felony within 2 years of this application? (Includes Deferred Prosecution and Withheld Judgment) If yes, explain in detail on the Comment Page.	Yes ☐	No ☐
4. Have you ever had a Civil Protection Order or No Contact Order served or issued against you? If so, when? Provide full details on the Comment Page.	Yes ☐	No ☐
5. Have you ever been involved in or arrested for any crime of unlawful sexual conduct, stalking, or employing physical or domestic violence of any kind?	Yes ☐	No ☐
6. Have you ever been the subject of an investigation dealing with the theft? If yes, what was taken, what was the value, and when did this occur?	Yes ☐	No ☐
7. Have you ever purchased an item(s) that you knew or suspected was stolen? If yes, list the item, quantity, estimated value, and the date of purchase.	Yes ☐	No ☐
8. Have you ever had a criminal warrant or a traffic warrant issued for your arrest? If yes, provide the date the warrant was issued and the date it was cleared.	Yes ☐	No ☐
9. Do you reside or associate with anyone (family or friends) who is or has been charged with or convicted of a misdemeanor or felony? If yes, please provide details on the Comment Page.	Yes ☐	No ☐
10. Have you ever been placed on probation or parole? If yes, when, why, and where?	Yes ☐	No ☐
11. Have you ever failed a polygraph examination? If yes, explain when, where, why, and approximate dates on the Comment Page.	Yes ☐	No ☐
12. Have you ever falsified an insurance claim, income tax return, or collected unemployment or welfare benefits that you were not entitled to?	Yes ☐	No ☐
13. Have you ever fraudulently misused a credit card or forged a check?	Yes ☐	No ☐
14. Have you ever or are you currently involved in a civil lawsuit?	Yes ☐	No ☐

15. Has there ever been any situation in which you have been involved which may be incompatible with the discharge of the duties of a certified officer? If yes, explain.	Yes ☐	No ☐
16. Has your driver's license ever been suspended, revoked, placed on probation, or received a warning notice from the state who issued your license?	Yes ☐	No ☐
17. Have you ever possessed any drugs, narcotics, or other controlled substances other than those prescribed by a doctor or other licensed medical practitioner?	Yes ☐	No ☐
18. Have you ever illegally purchased, sold, or otherwise distributed any drugs, narcotics, or other controlled substances? Provide detailed answer on Comment Page.	Yes ☐	No ☐
19. Have you ever been involved in the cultivation of marijuana or the manufacturing of any drugs, narcotics, or other controlled substances?	Yes ☐	No ☐
20. Have you ever knowingly stored or transported illegal drugs, narcotics, or other controlled substances for yourself or another person?	Yes ☐	No ☐
21. Have you ever tried, ingested, experimented, or used any illegal drugs? This includes as a juvenile or experimental use. This includes edibles and/or gummies. List what types, how often, and the date of the last occurrence on the Comment Page.	Yes ☐	No ☐
22. Do you drink alcohol? If yes, how much and how frequent?	Yes ☐	No ☐
23. Have you ever had a drug or alcohol-related accident?	Yes ☐	No ☐
24. Have you ever been convicted or pled guilty to driving while under the influence of alcohol or drugs, or to lesser charges following a D.U.I. arrest? If yes, list the date of the arrest, the law enforcement agency involved, and the final disposition?	Yes ☐	No ☐
25. Have you or your spouse: Ever defaulted on any loan, debt or obligation in the past five years? Ever had your wages attached or garnished? Ever had any collection or repossession action taken against you? Ever filed a petition for bankruptcy? When? Ever had a check bounce or returned for insufficient funds? If yes to any, please explain circumstances on the Comment Page.	Yes ☐	No ☐
26. Have you ever been involved in any domestic violence? If yes, explain.	Yes ☐	No ☐
27. Do you have any issues or problems losing your temper or with anger management?	Yes ☐	No ☐
28. Have you ever participated in or been accused, charged, or convicted of sexual abuse or harassment?	Yes ☐	No ☐
29. Have you purposely omitted any information from your employment application?	Yes ☐	No ☐

LANDLORD / NEIGHBOR REFERENCES

Please provide **physical addresses and contact information** for at least three landlords or neighbors for where you have lived for at least the last three-to-five years.

Name		Years Known		Phone	
Full Address					
Email		Landlord ☐		Neighbor ☐	

Name		Years Known		Phone	
Full Address					
Email		Landlord ☐		Neighbor ☐	

Name		Years Known		Phone	
Full Address					
Email		Landlord ☐		Neighbor ☐	

EMPLOYMENT HISTORY

Provide detailed explanations for any YES answers on the COMMENT PAGE

DO NOT WRITE EXPLANATION ON THIS PAGE

1. Have you ever worked for any law enforcement agency in any capacity? If yes, list agency name, dates, job title, and current status.	☐ Yes	☐ No
2. Are you currently or have you in the past been POST certified? If yes, list the type of certificate, state, the highest level attained, and the date awarded.	☐ Yes	☐ No
3. Has any supervisor ever reprimanded you for being late, absent, misconduct, or not doing your job properly?	☐ Yes	☐ No
4. Have you ever been terminated during the probationary period from any employment?	☐ Yes	☐ No
5. Have you ever been suspended, fired, or asked to resign from any employment?	☐ Yes	☐ No
6. Have you ever quit a job without giving proper notice? If yes, explain on the Comment Page.	☐ Yes	☐ No
7. Have you ever been rejected for employment for any reason by any law enforcement agency? If yes, which agency and why?	☐ Yes	☐ No
8. Would contacting your current employer during the background investigation present a problem for you?	☐ Yes	☐ No
9. Are you able to lift one hundred (100) pounds?	☐ Yes	☐ No

COMMENT PAGE

Use this page to provide any additional information you may need in answering the questions listed in this application that require detailed answers. List the corresponding page number, question number, and date next to each answer. Should you need additional space, you may duplicate this page or attach a white 8 ½ x 11sheet of paper using the same format.

[illegible]

DECLARATION REGARDING DOMESTIC VIOLENCE CONVICTIONS PER
18 USC§ 922 AND THE ABILITY TO CARRY FIREARMS/AMMUNITION

PRINT NAME:

AGENCY: Oneida County Sheriff's Office

Pursuant to the U.S. Supreme Court's 2009 decision in *U.S. v. Hayes*, any misdemeanor conviction involving the use or attempted use of physical force or threatened use of a deadly weapon on a person in any domestic relationship (including a current or former spouse, cohabitant, parent or child) will disqualify the convicted person from possessing a firearm or ammunition pursuant to 18 U.S.C. § 922(g)(9).

Since there is no law enforcement exemption under the federal law, it is essential that you fully disclose any such conviction regardless of the date. The burden and expense of obtaining legal relief, in any, from such federal restrictions is on you and you must provide certified proof of such relief if obtained.

Have you ever been convicted of a misdemeanor for any use or attempted use of physical force or threatened use of force against any individual with whom you were in a domestic relationship? (i.e. spouse, ex-spouse, cohabitant, parent or child).

☐ NO

☐ YES

☐ NOT SURE

Have you obtained any form of legal relief (e.g. judicial finding of factual innocence) from this conviction? If so, provide a certified copy of the relief.

☐ N/A

☐ YES

Date of Relief

Issuing Jurisdiction

I hereby certify that I have read this declaration, and to the best of my knowledge, all of the information provided above is true, correct, and complete. I understand that false, misleading, or fraudulent information intentionally provided herein may be the basis for administrative action including termination from employment as well as criminal prosecution punishable pursuant to federal law.

SIGNATURE: _____ DATE: _____

WAR VETERAN'S PREFERENCE

☐ I do not qualify for a war veteran's preference.

IF YOU BELIEVE YOU ARE ELIGIBLE FOR VETERAN'S PREFERENCE, CHECK BOX
A, B, OR C.

☐ A. WAR VETERAN:

Employment preference for initial appointment (5 points in competitive examinations) will be given to persons:

1. Who have served on active duty with the U.S. Armed Forces for a period of more than 180 days and during any conflict or war period officially recognized and participated in by the United States, and
2. Who have been discharged under other than dishonorable conditions, and
3. Who are residents of the State of Idaho when the application for employment is made.

YOU MUST INCLUDE A COPY OF YOUR DD214 LONG FORM SHOWING TYPE OF DISCHARGE.

☐ B. DISABLED WAR VETERAN

Employment preference for initial appointment (10 points in competitive examinations) will be given to disabled persons:

1. Who have served on active duty the U.S. Armed Forces during any conflict or war period officially recognized and participated in by the United States,
2. Whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and
3. Who have a service-connected disability of 10% or more (U.S. Veterans Administration certification required) or have a non-service-connected disability for which they receive a pension or compensation in accordance with laws and regulations administered by the Veterans Administration (certification required), and
4. Who have been discharged under other than dishonorable conditions, and
5. Who are residents of the State of Idaho when the application for employment is made.

YOU MUST INCLUDE A DISABILITY BENEFITS LETTER FROM THE VETERANS ADMINISTRATION.

☐ C. HUSBAND/WIFE, WIDOW/WIDOWER:

Employment preference will also be given to spouses of eligible war veterans or disabled war veterans when the disabled veteran is physically unable to perform the duties of the position to which the spouse seeks to apply this employment preference, and to widows and widowers of eligible war veterans or disabled war veterans provided the widow or widower does not remarry. (Documentation required)

Date Entered Military Service:
Branch of Service:
(Idaho Code, Title 65, Chapter 5)

Date Separated:
Date Upon Separation:

MILITARY SERVICE

Detailed explanations are required for any YES answers on the COMMENT PAGE
DO NOT WRITE EXPLANATION ON THIS PAGE.

1. Have you ever attempted to enlist in any branch of the United States Armed Forces? This includes the Reserves, National Guard, or Coast Guard. If yes, list which branch and the date on the Comment Page.	Yes ☐	No ☐														
2. Have you ever served in any branch of the United States Armed Forces? This includes the Reserves, National Guard, or Coast Guard. If yes, list branch, dates of service, highest rank held, and job title on the Comment Page.	Yes ☐	No ☐														
3. If yes to above question, mark which type of military discharge you received? Be specific.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">☐</td><td>Honorable</td></tr> <tr><td style="text-align: center;">☐</td><td>Dishonorable</td></tr> <tr><td style="text-align: center;">☐</td><td>General</td></tr> <tr><td style="text-align: center;">☐</td><td>Under Honorable Conditions</td></tr> <tr><td style="text-align: center;">☐</td><td>Entry Level Separation</td></tr> <tr><td style="text-align: center;">☐</td><td>Medical</td></tr> <tr><td style="text-align: center;">☐</td><td>Other --If additional space is needed, please use the Comment Page</td></tr> </table>	☐	Honorable	☐	Dishonorable	☐	General	☐	Under Honorable Conditions	☐	Entry Level Separation	☐	Medical	☐	Other --If additional space is needed, please use the Comment Page		
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☐	Dishonorable															
☐	General															
☐	Under Honorable Conditions															
☐	Entry Level Separation															
☐	Medical															
☐	Other --If additional space is needed, please use the Comment Page															
4. If you answered yes to Q2, were you deployed in a combat zone? If yes, provide details on Comment Page.	Yes ☐	No ☐														
5. If you answered yes to Q2, were you in a military police position? If yes, provide details on Comment Page.	Yes ☐	No ☐														
6. Have you ever been involved in or been accused of being involved in a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.? If yes, explain in detail the circumstances on the Comment Page.	Yes ☐	No ☐														
7. Have you ever been court-martialed, tried on charges, or subject of an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of any branch of the Armed Forces? If yes, fully explain all the circumstance and details on the Comment Page.	Yes ☐	No ☐														

Equal Opportunity Employer

The Oneida County Sheriff's Office is an equal opportunity employer. It is our policy to hire and promote persons without regard to race, sex, age, religion, national origin or physical disability (Except where physical requirements constitute a bona fide occupational qualification). The Oneida County Sheriff's Office complies with the American with Disabilities Act (ADA) and makes reasonable accommodations for disabled persons.



ONEIDA COUNTY SHERIFF'S OFFICE

Sheriff Doug Williams
sheriff@oneidasheriff.net

Chief Deputy Jenny Hawkes
jennyhawkes@oneidasheriff.net

Statement of Understanding

By signing this document I acknowledge and agree to the following:

- ◆ I have answered all questions honestly and accurately.
- ◆ I understand that any discovered falsification, omission, or misrepresentation may result in disqualification from the Oneida County Sheriff's Office hiring process.
- ◆ I have read the job description and I attest that I am currently able to perform all functions of the position for which I am applying without accommodation. If I require an accommodation, I have notified the agency in writing of my specific accommodation.
- ◆ I give my permission for verification of my criminal history and drivers record.
- ◆ I understand that information present on my personal social networking account(s) is part of my background investigation. Any information that is racist, sexist, or would bring discredit upon my candidacy for the position I am applying for, may disqualify me from further consideration for employment.
- ◆ I give my permission for OCSO Investigators to have access to my personal social networking accounts.
- ◆ I understand that refusal to allow OCSO Investigators access to these accounts will disqualify me from further consideration for employment.
- ◆ I understand that in the event the Oneida County Sheriff finds conduct that is illegal or unbecoming of a police officer and I am currently serving in that capacity in another jurisdiction, that information will be disclosed to my current employer.
- ◆ I have provided copies of all required documents.

Social Networking Account Type(s)

Social Networking User Name(s)

☐

I do not have any social networking accounts.

PRINT NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____

DATE _____