



Applicant's Name: _____

Elmore County Sheriff's Office
2255 E 8th North, Mountain Home, Idaho 83647
Phone: (208)587-2100 Fax: (208) 587-2118

MIKE HOLLINSHEAD
SHERIFF

Office of
Sheriff, Elmore County
State of Idaho
2255 East 8th North
Mountain Home, Idaho

GREG BERRY
CHIEF OF OPERATIONS

Phone (208) 587-2121

Fax (208) 587-2118

Dear Prospective Applicants:

Peace officers have unique job functions, some of which can be physically demanding. A Peace Officer's capability to perform those functions can affect personal and public safety. Physical fitness underlies an officer's ability to perform the frequent and critical job tasks demanded. The minimum fitness standards identified below are levels which help determine an officer's capacity to safely learn and perform frequent compromising and sometimes critical job tasks. Higher levels of fitness are associated with better performances of physical job tasks required of Idaho Peace Officers.

All applicants are subject to a polygraph examination prior to employment and will automatically be disqualified for the following, in accordance with IDAPA 11.11.01— Rules of the Idaho Peace Officers Standards & Training (POST) Council:

- Illegal use or possession of marijuana in the past one (1) year; use of marijuana on a regular or confirmed basis within the last three (3) years
- Illegal use or possession of illegal substances within the past five (5) years
- Suspended driver's license within the last two (2) years

Applicants must score at least the minimum on the following tests:

- Vertical Jump: 14.0 inches
- Sit-ups: 15-18 in 1 minute
- Push-ups: 21-22
- 300 Meter Run: 74.1-77 seconds
- 1.5 Mile Run/Walk: 16 min 44 sec-17 min 17 sec

Thank you for your interest in working for the Elmore County Sheriff's Office.

Sincerely,

Mike Hollinshead, Sheriff



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The Elmore County Sheriff's Office is an equal opportunity employer. Applications are invited from all qualified applicants regardless of race, sex, religion, veteran's status, or disability.

Employment Requirements:

- **Must be a US Citizen**
- **Age:** Must be 18 years of age by examination process
- **Education/Experience:** High School Diploma or GED required
- **Physical/Medical:** Successful applicants must pass the pre-P.O.S.T. physical agility test, P.O.S.T. medical/vision/hearing examination, polygraph and psychological examination prior to appointment, where required. It is understood that the results of these tests will be used (in part) to determine fitness for the position you are applying for. As such, you consent to the use of those tests by personnel in the Sheriff's Office.
- **Vision:** Corrected: 20/20; Strong Eye Corrected: 20/20; Weak Eye Corrected: 20/50
- **Hearing:** Sufficient range of hearing that allows applicant to successfully perform duties and requirements of position, with or without aid; a hearing test may be required for certain positions
- **Background:** A thorough background investigation will be conducted on successful applicants identified for this possible position to include but not limited to, criminal/traffic history, moral character, financial affairs, work history, education, and personal history to include contact with co-workers, family, friends, acquaintances, neighbors, and associates.
- **Lateral Applicants:** Must have completed an Idaho P.O.S.T. certified basic academy and satisfactorily completed a probationary period with a current or prior law enforcement agency, be in good standing with either, and have at least one-year continuous experience as a full-time peace officer after the completion of the field training program. A photo copy of your P.O.S.T. Certificate must be attached to your application at the time of submission.
- **P.O.S.T. Certifiable Applicants:** Must have successfully completed an Idaho P.O.S.T. certified basic academy or an Idaho P.O.S.T. certified vocational program within 12 months preceding the application submission date. A photo copy of your certificate of graduation must be attached to your application at the time of submission.
- **Firearms:** Deputy Applicants must pass the Idaho P.O.S.T. Firearms qualification.
- **Dispatch/Administration Positions:** Applicants must be able to type a minimum of 40 words per minute. A typing test is required prior to application; the test can be taken online at several websites, or you can contact human resources for assistance in contacting the Idaho Department of Labor personnel to take it with them.
- **Depending on the department you are applying for, *additional testing may be required***
- **All applicants will be subjected to pre-employment drug testing**
- **Applicants whose home address is outside of the bounds of Elmore County will be considered on a case by case basis.**



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Examination Process (Deputy Applicants)

A physical agility test, polygraph, psychological examination, and oral interview may be administered; a written test is possible. Applicants may be exempt from portions of the testing at the discretion of the Sheriff.

Lateral Deputy Applicants

Minimum requirements above must be met, and:

1. Hold an Idaho P.O.S.T. Academy certification (attach copy to application)
2. Satisfactorily completed a probation period with current or prior agency
3. Satisfactorily completed one (1) continuous year of service assigned to a patrol division or other similar field duties
4. Lateral applicants that have been out of Law Enforcement for more than five (5) years must attend the Idaho P.O.S.T. Basic Academy to be recertified

POST Certifiable Deputy Applicants

Must meet all of the above requirements and must have completed an Idaho P.O.S.T. certified Basic Academy or an Idaho P.O.S.T. certified Vocational Program within 12 months preceding the application of submission date.

You *WILL NOT* be eligible to be an employee of the Elmore County Sheriff's Office if:

- You are not 18 years of age.
- You do not possess or cannot obtain a valid driver's license.
- You have not graduated from an accredited high school, or do not hold a GED.
- You do not have the minimum required work experience.
- You are not a citizen of the United States.
- You have been dishonorably discharged, less than honorable, or received a bad conduct discharge from the military.
- You have been convicted of D.U.I. within the last two (2) years or have had two (2) DUIs within the last five (5) years. A diversion or reduction to lesser charge or withheld judgment is the same as a conviction.
- You have four (4) or more moving violations in the three (3) years preceding application.
- You have had your driver's license suspended within the last two (2) years.
- You have been convicted of any felony charges, traffic or criminal.
- You have been convicted of any misdemeanor charges in the past five (5) years.
- You have used or possessed marijuana within the past one (1) year; or have used marijuana on a regular, confirmed basis within the past three (3) years.
- You have used or possessed any illegal controlled substances within the past five (5) years.
- You have EVER manufactured, sold, offered to sell, distributed, or transported, for sale or use, any illegal drugs/narcotics illicitly or outside the official duties of a law enforcement officer.
- You have been convicted of any crime involving deceit.



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- You do not successfully pass a polygraph or you cannot be certified medically by physicians.
- You have been convicted of a crime or have been found to be mentally incompetent in any jurisdiction, including domestic violence related crimes, which precludes you from possessing a firearm.
- You do not possess good moral character as determined by background investigation.

You ARE NOT LIKELY to be eligible to be an employee of the Elmore County Sheriff's Office if:

- Your traffic history shows a continuing and/or recent pattern of poor decision making
- Your financial affairs or personal life shows a history of poor judgement or refusal to confront problems (Example: Nonpayment of child support, ignoring overdue bills, etc.)
- You have a pattern of involvement with illegal drugs
- Your work history shows a pattern of unexcused absences, discipline, or discharge
- You have recently or are currently misrepresenting yourself or ignoring any laws. (Example: Not paying taxes, using a false address for school tuition purposes)
- People who know you have doubts about your honesty, integrity, or character
- You have been involved in any significant misdemeanor activity
- You have received an administrative discharge of "General under Honorable Conditions," or an "Uncharacterized" discharge from the military
- You have ingested, inhaled, injected, or absorbed any substance with the intent to alter your mental state or create a physiological change

Drug Use Disqualifications:

- Any illegal drug use within the last five (5) years with the exception of marijuana
- Use of marijuana within the last (1) year; or regular, confirmed use within three (3) years
- Any illegal use of amphetamines/methamphetamines within ten (10) years
- Any use of heroin within ten (10) years
- Any illegal opiates/narcotics or abuse of prescribed opiates/narcotics within five (5) years
- Any use of hallucinogenic drugs (mushrooms, LSD, PCP, etc.) ever
- Illegal use of cocaine, regardless of its form, within the last seven (7) years
- Participating in the manufacturing, selling, offering to sell, distribution or transporting for sale any illegal drugs/narcotics, regardless of time frame
- Use of illegal drugs while employed by a law enforcement agency, regardless of the time frame
- Use of non-prescribed steroids, regardless of form, within the last five (5) years

Automatic Disqualifiers-Prison Rape Elimination (PREA) efforts and regulations require:

- The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:



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- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in a community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in the above section.

How to Apply: _____

Complete the following application and mail/return in person to:

Elmore County Sherriff's Office
2255 East 8th North
Mountain Home, ID 83647

Application must be completed in entirety and notarized; failure to complete application, or applications completed illegibly, will not be considered



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Application for Employment

Application must be typewritten or printed legibly in ink. Please answer all questions to the best of your ability. Omitted or false information will disqualify the applicant.

Name: (Last, First, Middle): _____

Position Applying For: *Please check the box listed above the Division you wish to apply for:*

☐

Patrol

☐

Detective

☐

Dispatch

☐

Marine Patrol

☐

Jail

☐

Administration

☐

Reserve

Date of Birth: _____ Social Security Number: _____

E-mail address: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: () _____ Alternate Phone Number: () _____

Have you ever been employed by Elmore County? ☐ Yes ☐ No If Yes give date(s): _____ to _____

Are you related by blood or marriage to any person now employed by Elmore County? ☐ Yes ☐ No

If Yes, give name and relationship to you: _____

Do you now, or have you ever, held an Idaho law enforcement certification? ☐ Yes ☐ No

If yes, please list the certification type and dates active: _____

Arrest History/Court Information/Convictions

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

Have you ever served time in prison? ☐ Yes ☐ No

Have you ever been arrested, charged, or received a notice or summons to appear as a defendant, convicted, pled no contest, pled guilty to any criminal violation or citation, received a withheld judgement, or equivalent, or a prosecutor's probation, regardless if the record is sealed or the charge was later dismissed or expunged? ☐ Yes ☐ No

If you answered yes to **ANY** of the questions in this section, or have been involved in a criminal investigation, even if you were not formally charged, made no court appearance, found not guilty, no contest, Alford plea, received a withheld judgement or equivalent to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral or payment of bond, please attach a sheet of paper that includes the following information: dates, charge place, and action taken. **A YES answer in this section will not necessarily automatically disqualify you from employment, HOWEVER, failure to disclose this information can and will disqualify you as an applicant.**



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Driving History

Driver's License # _____ Issuing State: _____

Expiration Date: _____ License Restrictions: _____

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 details below. Please include date(s) license was suspended.

Have you ever held an operator license in another state? ☐ Yes ☐ No. If Yes, please provide state(s), name used and approximate dates held.

Issuing State	Name Used	Approx. Dates Held (MM/YY-MM/YY)

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

Have you ever received a citation or been charged with a traffic violation? ☐ Yes ☐ No. If yes, please complete the following section.

Date	City, State	Charge/Citation



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Personal History

Are you a United States Citizen? ☐ Yes ☐ No

If you are a naturalized citizen, please provide the location of naturalization, court, and naturalization #:

Can you perform all essential functions of this job with or without reasonable accommodations? ☐ Yes ☐ No

List all other names (including maiden) that you have used in the past:

Name	Circumstance	From MM/YY	To MM/YY

Education and Training

High School or GED Name/Address	Dates Attended MM/YY-MM/YY	Years Completed	Did You Graduate?	Type of Degree

College/University Name & Address	Dates Attended MM/YY-MM/YY	Years Completed	Did You Graduate?	Type of Degree



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Other Schools (Trade, Vocational, Business or Military) Name & Address	Dates Attended MM/YY-MM/YY	Years Completed	Did You Graduate?	Type of Degree

Describe any awards, honors, citations positions held in school organizations, and any other special recognitions you received while attending school:

Have you ever been expelled or suspended from school? ☐ Yes ☐ No If yes, please explain:

List any foreign languages you can speak/read/write, and the degree of proficiency:

List any Law Enforcement Training/Education: (Attach additional sheets if necessary)

Topic of Training	Certificate?	Date	Training Location

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



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Technology Skills

Check all skills and software applications you have experience using:

☐ PC User ☐ iOS User ☐ Windows ☐ Microsoft Word ☐ Microsoft Access ☐ Microsoft Excel
☐ Microsoft Publisher ☐ Web Page Design/Maintenance ☐ E-Mail ☐ Internet ☐ Scanner/Copier/Fax

Other: _____

Employment History: List chronologically your employment history for the past five (5) years, beginning with present employment; include 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: _____

Telephone: () _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone: () _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone: () _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____



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Employer: _____

Address: _____

Telephone: () _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone: () _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone: () _____ Supervisor: _____

Position: _____ Dates of Employment: _____ to _____

Reason for Leaving: _____

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 explain:

Have you ever resigned or left a job by mutual agreement, following allegations of misconduct or unsatisfying job performance? ☐ Yes ☐ No If yes, please explain:



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Please list every state you have lived and/or worked in, and approximate dates:

State	Dates	Lived/Worked/Both

Personal and Professional References

Please list the names of three (3) persons not related to you by blood or marriage. Please be sure to include email addresses for your references as it assists with the background investigation.

Complete Name: _____ Years Known: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Email: _____

Home/Cell Phone Number: _____ Work Phone Number: _____

Complete Name: _____ Years Known: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Email: _____

Home/Cell Phone Number: _____ Work Phone Number: _____

Complete Name: _____ Years Known: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Email: _____

Home/Cell Phone Number: _____ Work Phone Number: _____



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Current/Prior Law Enforcement Experience

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 please explain:

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	Plaintiff(s)	Approx. Date	Court Where Filed

Identify all disciplinary actions taken against you (however characterized) by a law enforcement officer:

Agency	Supervisor Taking Action	Approx. Date	Basis/Form of Discipline

Identify all circumstances in which you have been requested or ordered to take a polygraph, CVSA, or other truth verification test.

Agency	Basis for Exam	Approx. Date	Outcome/Result



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Military History

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: _____

Dates and type of Discharge: _____

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

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

Discharge Type: state the type of discharge you received, and provide a copy of your DD-214:

Was there any type of discipline taken against you while in the service? ☐ Yes ☐ No

If yes, provide: Date: _____ Place: _____

Nature of Offence: _____ Action Taken: _____

Have you served in the Armed Forces in a foreign country? ☐ Yes ☐ No

If yes, provide: Country: _____ Dates: _____



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Veteran's Preference

(Reference I.C., Title 65, Chapter 5, and U.S.C.-2108)

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 preference, please complete the information below and attach a copy of your DD-214 to this application. 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 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 un-married
- ☐ I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Organization Membership

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, please explain, including name of organization, dates of membership and location:

Have you ever made a financial or other material contribution to any organization of the type described above?

☐ Yes ☐ No

If yes, please explain, including name of organization, date(s), and location:

If applicable: 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:



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Signature/Certification of Accuracy and Notary Seal

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 any information will subject me to disqualification of this document and, if employed by this Agency, 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 for this employer, and if employed, my termination from employment.

Signed this ____ day of _____, 20____.

Signature in Full

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
Notary Public in and for the State of _____

Residing in _____ (Official Seal)

My Commission Expires: _____, 20____



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Release of Information

Applicants Full Name: _____

Maiden Name and All Aliases: _____

Date of Birth: ____/____/____

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 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 of photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation to the above listed agency and address.

Signed this the _____ day of _____, 20____.

Signature in Full

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

Notary Public in and for the State of _____

Residing in _____

My Commission Expires: _____, 20____.

(Official Seal)