

VETERAN'S PREFERENCE

(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.
- 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 Jerome 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 Jerome 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:			

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:			

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?

Jerome County Sheriff's Office 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.

Jerome County Sheriff's Office 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 Jerome County or I may terminate employment at any time, and that this employment application does not constitute an employment contract."

Signature

Date

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

I, _____, an applicant for employment with the Jerome 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 Jerome 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 Jerome 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

JEROME 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, weather 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	20	21.5+	55+	62+	48.0-	9:57-
	19	20.5 - 21.0	51 - 54	56 - 61	48.1 - 51.0	9:58 - 10:50
Good	18	19.5 - 20.0	47 - 50	50 - 55	51.1 - 54.0	10:51 - 11:43
	17	18.5 - 19.0	43 - 46	44 - 49	54.1 - 57.0	11:44 - 12:36
Average	16	17.5 - 18.0	39 - 42	38 - 43	57.1-59.0	12:37 - 13:29
	15	16.5 - 17.0	35 - 38	32 - 37	59.1 - 62.0	13:30 - 14:20
Below Avg.	14	16.0	31 - 34	30 - 31	62.1-65.0	14:21 - 14:56
	13	15.5	27 - 30	28 - 29	65.1 - 68.0	14:57 - 15:32
	12	15.0	23 - 26	26 - 27	68.1 - 71.0	15:33 - 16:08
Minimum	11	14.5	19 - 22	23 - 25	71.1 -74.0	16:09 - 16:43
Acceptable	10	14.0	15 - 18	21 - 22	74.1 - 77.0	16:44 - 17:17
Substandard	0	< 14.0	< 15	< 21	> 77.0	> 17:17

