CANYON COUNTY SHERIFF

Expect the Best!

Chris Smith
Sheriff

Gary Deulen
Chief Deputy

DISQUALIFIERS FOR EMPLOYMENT
DEPUTY SHERIFF & NON-COMMISSIONED APPLICANTS

****Applicants must provide proof of either a high school diploma, or G.E.D., when submitting their application to Human Resources.****

Listed below are a number of behaviors that may disqualify an applicant from consideration for employment. Those items referring to P.O.S.T. regard Deputy Sheriff applicants only.

Involvement With Illegal Drugs:
1. Use of marijuana in the past three years.
2. Use of any other illegal drug in the past five years.
3. Any use of heroin or derivatives (injections).
4. Any selling, transporting, or manufacturing of illegal drugs.
5. History of long-term abuse of illegal drugs.

Driving Record:
1. Suspended license in the past two years. P.O.S.T. Director review.
2. Driving Without Privileges in the past two years. P.O.S.T. Director review.
3. Conviction for D.U.I. in the past two years. P.O.S.T. Director review.
4. Five or more moving offenses in the past three years. P.O.S.T. Council review.
5. Non-Commissioned applicants regarding #1, #2, #3, & #4–Sheriff's review.
6. Failure to have liability insurance during the past three years.

Criminal Record:
1. Conviction of a Felony crime.
2. Conviction of Domestic Battery (Deputy Sheriff).
3. *Conviction of Misdemeanor sex crime, crime of deceit, or drug offense unless occurred over five years ago-File review with P.O.S.T. Council
   *Willful Concealment or Petit Theft. P.O.S.T. Director review.
   * All other Misdemeanor cases- P.O.S.T. Council review if occurred over two years ago.
   *Non-Commissioned applicants-Sheriff's review.
4. History of numerous Felony and/or Misdemeanor offenses.

NOTE:
****Some positions require a valid driver's license.
**Deputy Sheriff applicants must be at least twenty-one years of age.
**All other applicants must be at least eighteen years of age.
** Veterans must provide **DD214-member 4 page**, if applicable (copy).

TYPING TEST REQUIRED FOR DISPATCHER TRAINEE AND CUSTOMER SERVICE SPECIALIST AND MUST BE SUBMITTED WITH APPLICATION.

Applicants for Dispatcher Trainee and/or Customer Service Specialist must submit a typing test with the application assuring that they can type at least (30) thirty words per minute. Typing tests may be obtained on-line at: www.typingtest.com or at Job Service.

Public Safety, Teamwork, Community

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Equal Opportunity Employer

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DEPUTY SHERIFF - DETENTION CENTER

QUALIFICATION/WILLINGNESS APPLICATION

Name:_____ Date:_____

Address:_____

This application contains statements about work situations or duties that Deputies/Detention Center perform on the job. Read each statement and decide if you are willing to perform this type of work. A "**YES**" response indicates you are willing to work as required.

1. ____YES ____NO I am willing to work in the high-stress and hostile environment of a Detention Center.

2. ____YES ____NO I am willing to sacrifice my own safety for the safety of the staff.

3. ____YES ____NO I understand I may be subject to inmate harassment, threats and verbal abuse.

4. ____YES ____NO I am willing to deal with violence, break up fights and controlling disturbances.

5. ____YES ____NO I am willing to conduct a thorough body search of inmates or other suspects for contraband and/or weapons.

6. ____YES ____NO I am willing to work alone and unarmed to guard and/or supervise activities of unrestrained inmates.

7. ____YES ____NO I am willing to follow a precise search routine of housing units, cells or dormitory-style living units.

8. ____YES ____NO I am willing to work in confined spaces, control rooms, or other areas within the Detention Center.

9. ____YES ____NO I am willing to develop my skill in the use of firearms and will fire a weapon at an individual when and if necessary.

10. ____YES ____NO I am willing to participate in training to learn and develop techniques and skills required of a Detention Center Deputy Sheriff.

11. ____YES ____NO I am willing to work in a disciplined law enforcement environment and to carry out lawful orders even if I may not agree with them.

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DEPUTY SHERIFF - DETENTION CENTER

QUALIFICATION/WILLINGNESS APPLICATION

12. _____YES _____NO I am willing to take instruction and follow or abide by the Canyon County Personnel manual, Canyon County Sheriff's Department personnel manual, and the Dale G. Haile Detention Center Policy and Procedure manual.

13. _____YES _____NO I am willing to transport inmate(s), alone on occasion, both in and out of the State of Idaho.

14. _____YES _____NO I am willing to conduct investigations as directed, write reports, and testify in court or other formal proceedings as needed.

15. _____YES _____NO I am willing to work twelve (12) hour shifts, and in case of emergency or at the direction of the shift supervisor, work more than a full shift.

16. _____YES _____NO I am willing to work night shift or day shift, or a combination thereof.

17. _____YES _____NO I am willing to work weekends, holidays and overtime as directed.

18. _____YES _____NO I believe that I can set aside my personal prejudices I may or may not have and treat all inmates in a courteous, professional and equal manner.

19. _____YES _____NO I believe that I am physically able to perform the duties and essential job functions as outlined in this form.

Because of the sensitive nature of inmate custody work, **ALL** applicants will be subject to an extensive personal background investigation as a prerequisite to employment. Furthermore, any falsifications, omissions, deletions, or intentional acts of deceit may be grounds for disqualification and/or termination from employment.

Your signature certifies that you have read all preceding statements and your responses are true to the best of your knowledge.

SIGNATURE:_____ DATE_____

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CANYON COUNTY SHERIFF'S DEPARTMENT
DEPUTY SHERIFF-DETENTION
RESERVE DEPUTY SHERIFF
PHYSICAL TEST REQUIREMENTS

Dear Applicant:

Thank you for your interest in a position as a Deputy Sheriff in the Detention Center, or a Reserve Deputy Sheriff for Canyon County. Below is an outline of the physical test requirements that you must meet in order to continue the testing process for a position.

If you believe that you are not able to pass this test at this time, we urge you to postpone your test until such time as you can meet the requirements.

Thank you again, and good luck!

Fitness	Points	Vert. Jump (Inches)	Sit-ups reps 1 min	Pushups Reps	300 Meter Seconds	1.5 Mile Min. Sec
Excellent	20	21.5+	55+	62+	48-	9:57-
	19	20.5-21.0	51-54	56-61	49-51	9:58-10:50
	18	19.5-20.0	47-50	50-55	52-54	10:51-11:43
Good	17	18.5-19.0	43-46	44-49	55-57	11:44-12:36
	16	17.5-18.0	39-42	38-43	58-59	12:37-13:29
Average	15	16.5-17.0	35-38	32-37	60-62	13:30-14:20
	14	16.0	31-34	30-31	63-65	14:21-14:56
	13	15.5	27-30	28-29	66-68	14:57-15:32
Below Ave	12	15.0	23-26	26-27	69-71	15:33-16:08
	11	14.5	19-22	23-25	72-74	16:09-16:43
Poor	10	14.0	15-18	21-22	75-77	16:44-17:17
Substandard	0	<14.0	<15	<21	>77	>17:17

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AUTHORIZATION TO RELEASE INFORMATION AND INVESTIGATE

(Carefully read this authorization to release information about you and to investigate you, then ***sign and date it in ink in the presence of a NOTARY PUBLIC.)***

I understand that all personnel records of a current or former public employee or official other than the person's public service or employment history, classification, pay-grade and step, longevity, gross salary and salary history, status, work-place and employing agency, are not a matter of public record and are exempt from public disclosure, unless I authorize otherwise. I further understand that all other personnel information relating to a public employee or official or applicant, including but not limited to, information regarding sex, race, marital status, birth date, home address and telephone number, applications, testing and scoring materials, grievances, correspondence and performance evaluations, shall not be disclosed to the public without the employee's or applicant's written consent.

I understand that by the signing of this release I am agreeing to waive any non-disclosure rights I may have regarding any document or other information in any personnel file or other file maintained by any department or employee or agent of Canyon County, Idaho or other information released by any former or current Canyon County employee.

I further understand that by the signing of this release I am agreeing to waive any non-disclosure rights I may have regarding any document or other information in any personnel file or other file maintained by any former employer, person or entity. This release authorizes the disclosure of any document or information relating to me in any way, regardless of the privacy information that it may contain.

I authorize the Canyon County, Idaho Prosecuting Attorney's designee, an investigator representing Canyon County (hereinafter referred to as the investigator) to examine or copy any and all files maintained by any person or entity in regard to me and my employment with any person or entity.

I further authorize the investigator to interview any and all persons regarding any and all aspects of my former employment, employment history, background, and/or any other matter connected with or related to my employment history and/or other background information.

I, in exchange for allowing the investigator to examine or copy the above described documents and information, and/or allowing the investigator to interview the above described individuals do hereby, and for my heirs, executors, administrators, agents, employees, representatives, successors, insurers and assigns, release, acquit and forever discharge the Commissioners of Canyon County, Idaho, the Canyon County Sheriff, Canyon County, Idaho and all agents, employees, elected and appointed officers of Canyon County and all of those entities and those persons, employees, officers, representatives, attorneys, agents, insurers, successors and assigns and any and all other persons or entities acting for, by or through them, whether acting in their individual capacity or on behalf of said individuals or entities hereinafter collectively referred to as Canyon County from any liability or damage which may result from the examination or release of any records to, from the disclosure of information from, and/or from the conducting of an interview by, the investigator.

Further, I, in exchange for allowing to examine or copy the above described documents and information, and/or allowing the investigator to interview the above described individuals, do hereby, and for my heirs, executors, administrators, agents, employees, representatives, successors, insurers and assigns, release, acquit and forever discharge any person or entity who releases to, or allows the examination by, or participates in an interview with, the investigator, as authorized in this release, from any liability or damage which may result therefrom.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned and that this agreement contains the entire agreement between _____ and Canyon County, Idaho. The undersigned further
(APPLICANTS PRINTED NAME)
declares and represents that he/she fully understands the matters contained in this release and has had an opportunity to consult with his/her attorney regarding this release, prior to the signing thereof.

This Authorization may be used by Canyon County, Idaho for two (2) years from the date subscribed by the undersigned herein.

DATED This _____ day of_____, 20____.

_____
Signature

_____
First Name, Middle Initial, Last Name
(Please Print)

_____
Social Security Number

_____
Date of Birth

_____
Driver's License Number

STATE OF IDAHO)
S.S.
County of _____)

On this _____ day of _____, in the year of 20_____, before me

_____, personally appeared _____, and proved to me
(Notary's Name) *(Individual's Name)*

on the basis of satisfactory evidence to be the person(s) whose name(s) is (are) subscribed

to the within instrument, and acknowledged that he (she) (they) executed the same.

_____
Notary Public

My Commission Expires on _____