



## EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
OTHER (SPECIFY)				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
OTHER (SPECIFY)				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	

## EMPLOYMENT HISTORY

Please list current and past employers, beginning with the most recent

	NAME/ADDRESS/PHONE COMPANY/TYPE	FROM	TO	WAGE	REASON FOR LEAVING	SUPERVISOR
1						
		DUTIES:				
2						
		DUTIES:				
3						
		DUTIES:				
4						
		DUTIES:				

5					
		DUTIES:			
6					
		DUTIES:			
If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).      2    3    4    5    6					

<b>ATTACHMENTS (required)</b>	
cover letter	resume

**PLEASE READ, SIGN AND HAVE NOTORIZED**  
 (note: you must sign document in the presence of a notary)

STATE OF IDAHO                    )  
   )ss.  
 County of Latah                    )

I, \_\_\_\_\_ (print name), being first duly sworn and on oath, certify that the facts set forth in this application for employment are true and complete. I understand that, if I am employed, any false statement on this application may result in my dismissal. I further understand that this application is not a contract of employment and it does not obligate Latah County in any way.

I hereby authorize the above-listed employers, references, and other persons contacted by the Latah County Sheriff's Office to provide any and all information concerning me, my work record, reputation, medical record(s), military service records, financial status, and **criminal history information**. Information of a confidential and/or privileged nature may be included. I understand that any reply will be used by the Latah County Sheriff's Office to determine my qualifications and fitness for the position I am seeking. I understand my rights of privacy and privilege, and I waive those rights. I also hereby release any organizations or individuals from any liability or damages which may occur as a result of their reliance upon this release.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Notary Public for the State of Idaho  
 Commission expires \_\_\_\_\_.



# Latah County Sheriff's Office

## CHARACTER DISCLOSURE FORM

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Position Applied For: \_\_\_\_\_

1. Failure to respond truthfully to these questions may be grounds for disqualification as an applicant for this or other positions with our Office. Do you understand this?

Yes     No    Initial: \_\_\_\_\_

2. In the spaces provided below, indicate if you have ever used any unlawful substance(s), the approximate date first used, list the date last used and number of times used.  
If you have never used or experimented with any unlawful substance(s) please mark column "Never Used."

TYPE	DATE FIRST USED	DATE LAST USED	NUMBER OF TIMES USED	NEVER USED
Marijuana				
Hashish/Hash Oil				
PCP/Angel Dust				
LSD/ Other Hallucinogen				
Mescaline				
Psilocybin Mushrooms				
Heroin				
Cocaine / Crack				
Quaaludes				
Opium				
Speed/Crystal Crosstops				
Unlawful Stimulants				
Unlawful Barbiturates				
Thai Sticks				
Unlawful Prescription Drugs				
Methamphetamine				
Unlawful Steroids				
Huffing: Inhalant Use				

3. Have you ever ingested any other illegal drug(s), narcotic(s), or controlled substance(s) not listed above?

Yes     No

If Yes, name the illegal drug, narcotic or controlled substance that you have ingested.

\_\_\_\_\_

Questions 4-13: if you answer yes to any question, please attach explanation(s) on a separate sheet.

4. Have you ever acted as a middleman, go between, or "done a favor for a friend" by becoming involved in an illegal drug transaction?

Yes     No    Initial: \_\_\_\_\_

5. Have you or anyone else ever injected an illegal drug into your body?

Yes     No    Initial: \_\_\_\_\_

6. Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?

Yes     No    Initial: \_\_\_\_\_

7. Have you ever participated in the manufacture, cultivation, or production of any drug, narcotic, or controlled substance?

Yes     No    Initial: \_\_\_\_\_

8. Have you ever acted as a courier by transporting any drug, narcotic, or controlled substance for other than legitimate purposes?

Yes     No    Initial: \_\_\_\_\_

9. To your knowledge, do any of your present circle of friends and acquaintances use any type of illegal narcotics, pills, or drugs?

Yes     No    Initial: \_\_\_\_\_

10. Have you ever entered a house, place of business, or a vehicle and stolen something that did not belong to you?

Yes     No    Initial: \_\_\_\_\_

11. Since you have turned 18 years old, have you ever stolen anything?

Yes     No    Initial: \_\_\_\_\_

12. Since you turned 18 years old, have you ever knowingly had sex with someone under the age of 16?

Yes     No    Initial: \_\_\_\_\_

13. Have you ever committed rape or an unlawful sexual act that was punishable as a felony offense?

Yes     No    Initial: \_\_\_\_\_

I attest that there are no misrepresentations, omissions, or falsifications to the foregoing statements and answers, and that the entries made by me above are true, complete and correct to the best of my knowledge, belief and are made in good faith.

\_\_\_\_\_  
Please print full legal name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

I have reviewed the above questions and responses.

\_\_\_\_\_  
Agency Head Signature

\_\_\_\_\_  
Date