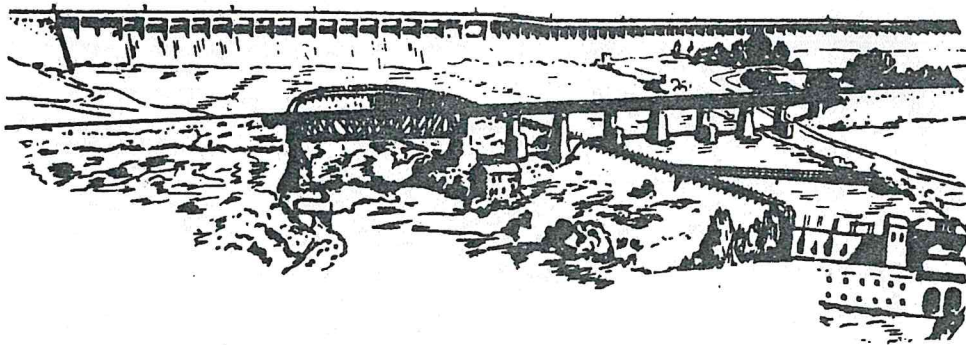


**Office Of The
Power County Sheriff**

**JOSHUA CAMPBELL
SHERIFF**

SECURITY BUILDING
AMERICAN FALLS, IDAHO 83211
PHONE (208) 226-2311



Authorization for Release of Personal Information

I, _____, DOB: _____,
(Print name in full)

SSN: _____, do hereby authorize full disclosure of any and all records, or any part thereof, whether said records are of a public, private, or confidential nature, concerning myself to the **Power County Sheriff's Office** pursuant to my application for employment with this agency. I emphasize that I give my full consent for a *thorough* background investigation to gather any pertinent data and information about my background, and history of my personal and professional life, no matter how personal or confidential it may appear to be, for the specific purpose of providing the **Power County Sheriff's Office** full and complete access to *any* information that background investigators may need to consider in determining my suitability, qualifications, and fitness for law enforcement employment. I understand that records and information typically gathered include: historical data regarding previous residences including contact with current and former neighbors; educational records including GPAs, transcripts, and degrees earned; financial records including credit reports, records of deposit, withdrawal, and balances of checking, savings, and credit accounts, and tax records; medical and psychiatric treatment records of hospitals, clinics, the Veteran's Administration, or private practitioners; employment or pre-employment records including background reports, performance evaluations, complaints or grievances filed by or against me, contact with current and former co-workers and supervisors, polygraph tests, and salary records; records of complaints of a civil nature made by or against me; criminal history and traffic record information; and any other record, recollection of an individual, or information whatsoever, that may assist the **Power County Sheriff's Office** in their pre-employment background investigation.

I also understand and agree that all information received by the **Power County Sheriff's Office** in connection with this background investigation is confidential and shall *not* be disclosed to me. Further, I hereby release you, your organization or others, from any and all liability or damage which may result from furnishing the information requested. A photo or digital copy of this release will be as valid as the original document, even though it does not contain an original writing of my signature.

Signature

Date

Notary Public Signature

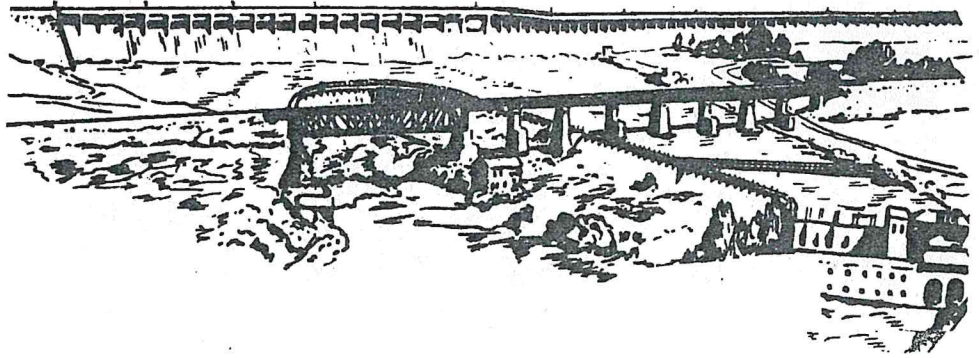
Commission Expires

Given under my hand this _____ day of _____, 20____, in _____

**Office Of The
Power County Sheriff**

**JOSHUA CAMPBELL
SHERIFF**

SECURITY BUILDING
AMERICAN FALLS, IDAHO 83211
PHONE (208) 226-2311



**NOTIFICATION AND AUTHORIZATION
FOR EMPLOYMENT CREDIT REPORT**

I, _____, authorize the
Power County Sheriff's Office to obtain a credit report on me through the credit reporting
agency(s) of its choice. If employed, I further authorize the Credit Bureau to check my
credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on
the credit report, I can receive a copy of the credit report, a summary of my rights under
the Fair Credit Reporting Act and the source of the credit report so that I may contact
them, if I wish.

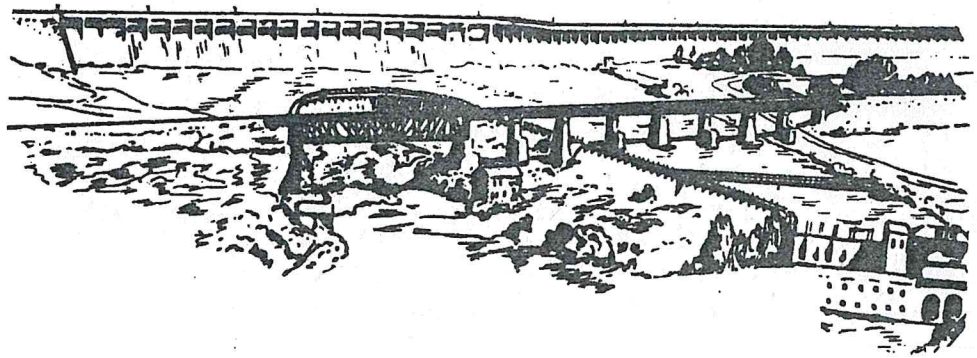
SIGNATURE

DATE

**Office Of The
Power County Sheriff**

**JOSHUA CAMPBELL
SHERIFF**

SECURITY BUILDING
AMERICAN FALLS, IDAHO 83211
PHONE (208) 226-2311



INFORMED CONSENT

I, _____, AS A CANDIDATE TO WORK WITH THE
INFORMATION OF THE POWER COUNTY OFFICE OF THE SHERIFF, UNDERSTAND THAT ALL
PERSONAL INFORMATION FOR THE POSITION IS CONFIDENTIAL AND WILL BE SEEN ONLY
BY THOSE PEOPLE DIRECTLY INVOLVED IN MY RECRUITMENT.

I ALSO UNDERSTAND THAT SOME OR ALL OF THIS INFORMATION, AS WELL AS
INFORMATION PERTAINING TO EMPLOYMENT; APPRAISAL RATING; ACCIDENT & ILLNESS
RECORDS; AND OTHER INFORMATION ABOUT MY EMPLOYMENT RECORD MAY BE USED
FOR PURPOSES OF AUTHORIZATION ACCESS TO SHERIFF'S OFFICE INFORMATION ASSETS
FOR ADMINISTRATIVE PURPOSES.

SIGNATURE

DATE

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.

<u>Fitness</u> <u>Category</u>	<u>POINTS</u>	<u>Vert. Jump</u> <u>(inches)</u>	<u>1-Min.</u> <u>Sit-ups (reps.)</u>	<u>Pushups</u> <u>(reps.)</u>	<u>300 Meter</u> <u>(seconds)</u>	<u>1.5 Mile</u> <u>(min:sec)</u>
	20	21.5 +	55 +	62 +	48.0 -	9:57 -
Excellent	19	20.5 - 21.0	51 - 54	56 - 61	48.1 - 51.0	9:58 - 10:50
	18	19.5 - 20.0	47 - 50	50 - 55	51.1 - 54.0	10:51 - 11:43
Good	17	18.5 - 19.0	43 - 46	44 - 49	54.1 - 57.0	11:44 - 12:36
	16	17.5 - 18.0	39 - 42	38 - 43	57.1 - 59.0	12:37 - 13:29
Average	15	16.5 - 17.0	35 - 38	32 - 37	59.1 - 62.0	13:30 - 14:20
	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
Below Ave.	12	15.0	23 - 26	26 - 27	68.1 - 71.0	15:33 - 16:08
	11	14.5	19 - 22	23 - 25	71.1 - 74.0	16:09 - 16:43
Minimum	10	14.0	15 - 18	21 - 22	74.1 - 77.0	16:44 - 17:17
Acceptable						
Substandard	0	< 14.0	< 15	< 21	> 77.0	> 17:17

PHYSICAL FITNESS TEST BATTERY

The POST Council adopted the mandatory Physical Fitness Test Battery (PFTB) on June 5, 1997. The PFTB is a requirement for acceptance into and graduation from the P.O.S.T. Academy and for the challenge certification process.

Applicants must score at least the following minimums on each of the five tests: Vertical Jump: 14.0 inches, 1-Minute Sit-ups: 15 repetitions, Maximum Push-ups: 21 repetitions, 300-Meter Run: 77.0 seconds, and 1.5-Mile Run/Walk: 17 min: 17 seconds.

All tests in the battery must be performed strictly according to the published protocols.

READ THESE INSTRUCTIONS FIRST!

OFFICE OF THE SHERIFF PERSONAL HISTORY PACKET

This form is part of the initial phase of the employment process. It is imperative that all questions are answered in detail. All information is **CONFIDENTIAL**. This document will be used to verify your personal background. Any **FALSE, MISLEADING, INCOMPLETE, or UNTRUTHFUL** response to any questions will disqualify you from the process.

Questions that require a "yes" or "no" response shall be checked in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 11. Each answer should be numbered to correspond with the appropriate question.

This form must be typed or printed in black ink, completed by the applicant and each question answered accurately. You are required to sign and date all pages. Read page 12 carefully prior to signing that page.

Fingerprints will be submitted upon the return of your application.

Position applying for:

Detention Deputy: _____ Clerical: _____ Nursing: _____ Other: _____

Office of the Sheriff

Power County, Idaho

Personal History Statement

Deputy Part Time_____

Deputy Full Time_____

PERSONAL DATA			
1. Name (Print): First, Middle, Last		Maiden Name:	
2. List any other name(s) you have used if different from above: (include all nicknames)			
Have you ever legally changed your name? ()NO ()YES If YES, what was/were your former name(s)?			
Court Jurisdiction:_____		Date:_____	
3. Present Address: (Number, Street, Apt. Number, City State, Zip Code)		Telephone Number:	
		Home:()	
		Work: ()	
		Cell: ()	
4. Social Security Number: / /	Date of Birth:	Hair Color:	Eye Color:
5. Place of Naturalization: (if applicable)			
City and State:			
Date of Naturalization:			
Naturalization and Certificate Number:			
6. Father's Name:		7. Mother's Name:	
Address:		Address:	
Phone - Home:	Work:	Phone - Home:	Work:
Cell:		Cell:	
Father's Occupation:		Mother's Occupation:	
8. If you were raised by someone other than your natural parents, provide the following information:			
Name:		Relationship:	
Address:		Telephone Number: Home:	
		Work:	
		Cell:	
9. If either parent is remarried, advise the name and address of stepparents: Phone-Home:			
A.		Work:	
B.		Cell:	
Applicant's Signature_____Date_____			

10. List the names, ages and addresses of your brothers, half brothers, stepbrothers, sisters, half sisters, stepsisters. Additional information on page _____

	Name	Date of Birth	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

11. What is your present marital status? ()Single ()Married ()Divorced ()Widowed

Spouse: (Include maiden name, if applicable) _____

Name: _____ Date of Birth: _____ SSN: ____/____/____

Address: _____

Employer: _____ Occupation: _____

Address: _____ Telephone: _____

Work: _____ Cell: _____

12. How many times have you been married? ____ Number of times divorced? ____ Widowed? ____

	Name of ex-spouse	Address	Date of Divorce	Jurisdiction
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

13. Do you have any children and/or dependents? ()NO ()YES If YES, provide:

	Name	Date of Birth	Address, if other than yours	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Applicant's Signature _____

Date _____

14. Have you ever possessed, tried, experimented with, or sold any illegal drug or illegally used prescription medication? () NO () YES If YES, provide that information: (Method=possessed, tried, experimented, sold)

Drug Name	Number of Times	Method	Last Time Used	Drug Name	Number of Times	Method	Last Time Used
1. Marijuana				12. Barbiturates			
2. Hash				13. Morphine			
3. Cocaine				14. Methamphetamine			
4. Crack				15. Mescaline			
5. LSD				16. Codine			
6. PCP				17. Ice			
7. Acid				18. Designer Drugs			
8. Mushrooms				19. Steroids			
9. Peyote				20. Inhalants(nitrous oxide, glue, gasoline, etc.)			
10. Opium				21. Other, list on page 11			
11. Heroin							

15. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco or snuff? _____

16. Are you currently, or have you ever been, a member of or affiliated with any communist or subversive organization, or any political party or organization which advocates the overthrow of the United States government? () NO () YES
If Yes, explain: _____

17. Are you currently, or have you ever been a member of or supported the basic tenets and beliefs of any group, association or organization which advocates aggression or violence toward any person or group of persons because of race, religion, or ethnic origin? () NO () YES If YES, explain: _____

18. Have you ever applied for employment with our agency or any other law enforcement agency? Include Federal, State, Local or any other Public Safety employer. () NO () YES If YES, list:

Date	Agency	Position	Status
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Additional Information - page _____

19. If denied by any of the agencies listed above, please explain why in the additional space provided on page 11.

20. Have you ever been requested to take a polygraph examination? () NO () YES If YES, reason and where administered:

Additional information on page _____

Applicant's Signature _____ Date _____

EDUCATION

21. Name of High School graduated from or last attended: _____
 Address: _____

Year Graduated: _____ If you did not graduate, highest grade completed: _____
 If G.E.D., give date and State of issuance: _____

22. Colleges, Universities, other schools attended:	Address	Dates Attended	Year and Degree Awarded
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

23. Have you ever attended a police or public safety academy? () NO () YES If YES, provide:

Name of Academy, address	List Certifications Received	Dates Attended
1. _____	_____	_____
2. _____	_____	_____

FINANCIAL DATA

24. List all debts, including home mortgages, car notes, all open credit card accounts, personal loans:

Type of Account	Monthly Payment	Present Balance	To Whom owed: Name and Full Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Additional on page _____

25. Have your wages ever been garnished? () NO () YES If YES, why? _____

26. Have your tax returns ever been withheld? () NO () YES If YES, why? _____

27. Have you ever filed for bankruptcy or been adjudicated bankrupt? () NO () YES If YES, give date of discharge in bankruptcy _____ Location _____ Court Jurisdiction _____
 Amount of indebtedness \$ _____ Explain circumstances of bankruptcy: _____

Additional Information on page _____

28. Have you ever been a plaintiff or defendant in a civil action? () NO () YES If YES, give details, such as date, place, court, amount of each judgment and final disposition: _____

29. Do you pay alimony or child support? () NO () YES
 If YES, list to whom those payments are made: _____
 In the amount of \$ _____ per month, total per year \$ _____
 Details: _____

Applicant's Signature _____ **Date** _____

MILITARY DATA

30. Have you ever been a member of any branch of the Armed Forces? () NO () YES

If YES, give the branch name: _____ Service Number: _____

Date entered: _____ Date discharged or pending discharge: _____ Highest Rank obtained: _____

Rank when Discharged: _____ Number of Enlistments: _____ Primary duties: _____

Type of Discharge: () Honorable () General () Dishonorable () Uncharacterized

31. Are you a member of any military reserve unit or National Guard? () NO () YES

If YES, give branch name: _____

Serial Number: _____ Rank: _____ () Active () Inactive

32. Have you ever been a member of any military service other than the United States? () NO () YES

If YES, what country: _____ Identification Number: _____

Length of service: _____ Type of Discharge: _____

33. During your military service as outlined above:

A.) Were you ever disciplined, or did you ever receive a summary or deck court martial, Article 15? () NO () YES

B.) Did you ever appear before any command personnel for disciplinary reasons? () NO () YES

If YES, provide:

Date	Charges	Disposition
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Additional information on page _____

C.) Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct? () NO () YES If YES, list:

Date	Location	Allegation(s) / Disposition(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

34. Have you ever been turned down, denied entry or rejected by any branch of the Armed Forces for any reason?

() NO () YES If YES, explain:

Date	Branch	Reason
1. _____	_____	_____
2. _____	_____	_____

Applicant's Signature _____ Date _____

EMPLOYMENT HISTORY

35. Start with your current employer and in reverse chronological order, list your entire work history. Include any periods of unemployment, volunteer work, military service, and part-time work. Additional Information page ____

Dates of Employment	City/State of Employment	Full Name, Address, ZIP Code and Phone Number of Employer	Position, salary and supervisor	Reason for leaving (Be Specific)
From:	City:			
Present:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			
From:	City:			
To:	State:			

36. Have you ever been fired or forced to resign from any position? () NO () YES

If YES, give date of each discharge or forced resignation, the place of employment and an explanation:

Applicant's Signature _____ Date _____

ARREST RECORD

37. Have you ever been charged, investigated, detained or arrested for any criminal offense as a Juvenile or Adult?
Include records that have been expunged. Additional information on page _____

() NO () YES If YES, please describe:

	Date	Jurisdiction	Charge(s)	Disposition
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

MOTOR VEHICLE DRIVING HISTORY

38. In what state are you currently licensed to drive? _____ Permit Number: _____
Expiration Date: _____

Are there any restrictions or special conditions attached with your operator's license? () NO () YES
If YES, explain: _____

List any other state(s) in which you have been licensed to operate a motor vehicle, include Permit Number: _____

39. List all tickets, summonses, citations that you have received regardless of the disposition. (i.e., Found not guilty, dismissed, nolle prosequi or no contest plea, etc. (exclude parking tickets). Additional Information page _____
Give a chronological listing, starting with the most recent offense and indicate the following:

	Date	Jurisdiction	Charge(s)	Disposition
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

40. Has your privileges to drive ever been suspended or revoked? () NO () YES
If Yes, give date(s), place(s), and reason(s): _____

41. Have you ever attended a driver improvement course? () NO () YES If YES, provide information:

	Date	Location	Reason
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

42. Has your automobile insurance ever been canceled? () NO () YES

Applicant's Signature _____ Date _____

RESIDENTIAL HISTORY

43. List all your residences. Provide the names and addresses of the two nearest neighbors, even if not acquainted. Also list current and former roommates, landlords, realty companies, etc., associated with each location.

If additional space is required, make a copy of this page before filling out.

Dates	Complete Address	Neighbors/ Roommates/ Landlord/ Realty Co. (Full Name, Full Address, Include Zip Codes and Phone #=s)
From:		1.
Present:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.
From:		1.
To:		2.

Applicant's Signature _____ **Date** _____

REFERENCES

44. List five (5) persons you have known for at least one year who are not related to you by blood or marriage and who are not already listed under employment or residential history.

1. Name: _____ Telephone _____ Home: _____ Work: _____

Address: _____

Occupation: _____

2. Name: _____ Telephone _____ Home: _____ Work: _____

Address: _____

Occupation: _____

3. Name: _____	Telephone _____	Home: _____	Work: _____
----------------	-----------------	-------------	-------------

Address: _____

Occupation: _____

4. Name: _____	Telephone _____	Home: _____	Work: _____
----------------	-----------------	-------------	-------------

Address: _____

Occupation: _____

5. Name: _____	Telephone _____	Home: _____	Work: _____
----------------	-----------------	-------------	-------------

Address: _____

Occupation: _____

45. In 100 words or less, state why you would like to be employed by the Power County Sheriff's Office. This statement **MUST** be in your own handwriting.

[illegible]

Applicant's Signature _____ Date _____

ADDITIONAL INFORMATION

List corresponding number of questions:

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Applicant's Signature _____ Date _____

I understand that all of the information contained herein is **CONFIDENTIAL**, and will only be used to verify my personal history. **FALSE, MISLEADING, INACCURATE or INCOMPLETE** answers will disqualify me for employment.

Sign this page in the presence of a Notary Public

I here by certify that all information in the Personal History Statement is accurate and true to the best of my knowledge.

Date

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My commission expires

Applicant, please note:

You **MUST** furnish copies of the following documents upon submission of your Personal History Statement:

1. Birth certificate or other proof of United States citizenship
2. High school diploma or equivalent certificate, **plus** high school transcripts
3. Social Security Card
4. Driver's License & Driver Transcripts if Out-of-State

You **MUST** sign and return the following original documents upon submission of your Personal History Statement:

5. Signed Informed Consent Form
6. Signed Notification and Authorization for Employment Credit Report
7. Signed & Notarized Authorization of Release of Information Form

Also include **two photographs** of yourself (passport type, size - 2X2)

If applicable, furnish copies of:

8. Military discharge (DD214) Member 1 and 4 forms
9. Name change documentation from court
10. Marriage certificate
11. Divorce decree(s) or legal separation papers
12. Certified copies of college or university transcript(s)