

IRON COUNTY SHERIFF'S OFFICE

APPLICATION/PERSONAL HISTORY STATEMENT

APPLICANT NAME

APPLICANT SOCIAL SECURITY NUMBER

APPLICANT DATE OF BIRTH

**RETURN TO:
IRON COUNTY SHERIFF'S OFFICE
2132 NORTH MAIN STREET
CEDAR CITY, UTAH 84721**

IRON COUNTY SHERIFF'S OFFICE

APPLICATION/PERSONAL HISTORY STATEMENT

INFORMATION

The background investigation is one process used to evaluate your qualifications and suitability for employment with Iron County Sheriff's Office. A thorough investigation will yield job relevant information concerning your past behavior, experience, education, performance and other critical factors important in the overall selection process. The background investigation also entails inquiries yielding facts surrounding your conduct, which may bear a demonstrable relationship to your suitability.

The information you provide will be protected from unauthorized disclosure in compliance with Iron County Sheriff's Office. All records and documents become the property of Iron County Sheriff's Office. Negative factors in your past will be evaluated with regard to the circumstances in which they occurred and in relationship to the position for which you have applied.

Be accurate and thorough in completing your Application/Personal History Statement. Any attempt to misrepresent, omit or falsify information will result in the immediate denial of further consideration for employment or will be cause for immediate dismissal if an appointment has been made. In addition, a false statement may result in criminal prosecution for fraud. An attempt by a certified police officer to falsify any document will result in notification to the Peace Officer Standards and Training Certification Supervisor. All responses must be true and accurate.

Iron County Sheriff's Office has the legitimate obligation to pursue criminal activity once reasonable suspicion exists that laws have been violated. If you are involved in criminal activity, or if you have committed crimes that have not been detected, criminal complaints may be filed. Criminal activity by certified police officers will be reported to the Peace Officer Standards and Training Certification Supervisor.

You are given sufficient time to secure necessary documents, complete the Application/Personal History Statement and have your signature notarized. Failure to comply with these requirements will result in your elimination from further consideration for participation in the recruitment program.

I understand the information contained in the above statement.

Signature of Applicant

Date

INSTRUCTIONS TO THE APPLICANT

- **Print in black ink or type.**
- **Do not leave any question blank. If a question does not apply to you, write “N/A” (Not Applicable) in the space provided for your answer.**
- **If you need more space to answer a question, attach an additional sheet of paper. Type or print your name and social security number in the upper right-hand corner of each additional sheet.**
- **Do not write on the back of any page of this Application/Personal History Statement.**
- **Make a copy of this entire packet and all attachments BEFORE you turn it in. We will not be able to provide you with copies once it has been turned in.**

Attach the following documents to the Application/Personal History Statement: (check box when attached)

- Signature on the “INFORMATION”, page 3
- Notarized** signature on the “**Authorization for Release of Information**”, page 7
- Signature on the “**Medical Release**”, page 8
- “**Authorization and Request for Release of Consumer Information**” for Iron County Sheriff’s Office, page 9
- “**Official Copy of Driver License Record**”
Instructions:
 1. Contact your local State Driver’s License Division for every state you have carried a Driver’s License for Motor Vehicle Operation.
 2. Request a complete Driving Record.
 3. Mail it to:
Iron County Sheriff’s Office
2132 North Main Street
Cedar City, UT 84721
- “**DD214 – Military Record**”, if applicable
Include your DD214 Form you received when discharged with this packet.
Instructions:
 1. Fill out and sign a SF180 Form completely as provided in this packet.
 2. Mail form to the appropriate custodian located on the back of the form.
 3. For additional information or forms, go to www.archives.gov/facilities/mo/st_louis/military_personnel_records.html
With your Personal History Packet, include a copy of your SF180 and the date it was mailed/faxed along with your DD214 Form you received when you were discharged.
- “**Transcripts/Test Scores**” **Original certified and sent by the University to Iron County Sheriff’s Office**
Instructions for Transcripts/Degree from all Colleges or Universities
Attended:

1. Contact the College or University you attended.
2. You will want to talk to “Records.”
3. A cost will be involved to retrieve your records so be prepared to pay.
4. Tell them you need an official certified copy of your transcripts.
5. Have the school mail the document directly to:
Iron County Sheriff’s Office
2132 North Main Street
Cedar City, UT 84721

Instructions for High School Diploma or GED (General Education Test) from all Attended Schools:

1. Contact your high school of graduation.
2. Tell them you need an official certified copy of your transcripts or diploma.
3. Have the school mail the document directly to:
Iron County Sheriff’s Office
2132 North Main Street
Cedar City, UT 84721

- “Letters of Recommendation Forms” Please provide at least two and no more than four.**
- “Personal Statement”**
- Notarized signature and photo on the last page of the packet, page 35.**

AUTHORIZATION AND REQUEST FOR RELEASE OF INFORMATION

To Whom It May Concern: I am an applicant for Iron County. Iron County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to Iron County. I hereby authorize and direct you to release any and all information in your files pertaining to my employment records to Iron County. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, to Iron County or any duly authorized agent of the Iron County Sheriff's Office, whether said records are of public, private, confidential or however classified. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Iron County to consider in determining my suitability for employment in law enforcement in the state of Utah. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, medical/psychological evaluations, any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed and any or all other records pertaining to me, regardless of their nature. Any inquiry into records concerning medical treatment and/or psychiatric consultations, which I may have had, is to determine character traits which may be relevant for employment purposes and will only be requested after a conditional offer of employment has been extended. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any 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. I direct you to release such information upon request of Iron County regardless of any agreement I may have had with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application/personal history statement if you refuse to disclose the information requested. For and in consideration of Iron County acceptance and processing of my application/personal history statement for employment, I agree to hold Iron County, its agents and employees harmless from any and all claims and liability associated with my application/personal history statement for employment or in any way connected with the decision whether or not to employ me with the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Iron County in conjunction with employment procedures. A photocopy of, or a FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature. This Authorization and request for Release of Information, hereinafter referred to as Request, is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this Request, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this Request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this Request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Print Name	Social Security Number	Date of Birth
Complete Address		Phone Number
Applicant's Signature	Date	
Subscribed and sworn to/before me this _____ day of _____, 20__.		
Notary Signature	My Commission Expires	
		Notary Stamp

Note: The following information is requested for verification use only.

PART 1- GENERAL INFORMATION

1. Name: _____
Last First Middle Maiden

If you have ever used a name different from above, list all other names you have ever used.

Last First Middle

Last First Middle

2. Social Security Number: _____ - _____ - _____

3. Date of Birth: _____ Place of Birth: _____

4. Residence Address: _____
Street Number City State Zip Code

5. Mailing Address: _____
Post Office Box City State Zip Code

6. Residence Phone Number: _____

Permanent Phone Number: _____

Work/Pager/Cellular Phone Number: _____

May we call you at work? Yes No

7. Alternate contact telephone numbers- Please list the name and phone of someone (a relative or close friend) who usually knows how to contact you if you cannot be reached at home or work. **DO NOT LIST YOUR OWN TELEPHONE NUMBER.**

Name: _____ Phone Number: _____

8. Are you a citizen of the United States? Yes No

9. If not a US citizen, is there a date you expect to become one? Yes No

10. If naturalized: Certificate Number: _____ Date: _____

PART II- MARITAL STATUS CONT'D

15. Name of Fiancée (if applicable): _____
Last First Mi Date of Birth

Residence Address: _____
Street Number City Sate Zip Code

_____/_____/_____
SSN Home Phone Number Work Phone Number Work Hours

Name of Employer and Address Street City State Zip

16. Do you currently or have you ever practiced bigamy or polygamy? Yes No. If yes, give details on a separate sheet of paper.

PART III – RELATIVES

20. All applicants must give complete information concerning their relatives. List in sequence your immediate family starting with parents and proceed to brothers and sisters. Include stepbrothers and sisters, half-brothers and sisters, stepparents, legal guardians, or others who have reared you instead of your parents. The requested information should be furnished concerning them as well as your real parents. If more space is needed, use an additional sheet of paper.

APPLICANT’S FAMILY

SPOUSE’S FAMILY

FATHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	FATHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
MOTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	MOTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
BROTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	BROTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
BROTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	BROTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
BROTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	BROTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
BROTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	BROTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
BROTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	BROTHER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
SISTER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	SISTER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
SISTER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	SISTER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
SISTER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	SISTER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
SISTER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	SISTER: DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____

ADDITIONAL SPACE

This side to be used only if you need additional space to complete your relative(s) information.

FATHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	FATHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
MOTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	MOTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
BROTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	BROTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
BROTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	BROTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
BROTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	BROTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
BROTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	BROTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
BROTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	BROTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
SISTER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	SISTER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
SISTER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	SISTER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
SISTER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	SISTER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
SISTER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	SISTER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
SISTER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	SISTER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____
OTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____	OTHER: _____ DATE OF BIRTH: _____ ADDRESS: _____ PHONE NO: _____

PART IV- RESIDENCES

21. Applicant must provide residence information for the last ten (10) years. Starting with your current address, list in sequence all residences. List addresses while serving in the military, attending school if away from home, or away from home for volunteer services or work.

Address _____ City _____ State _____ Zip Code _____ Apt. No. _____ From _____ To _____ With whom did you reside? _____	Property owner _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____ Apt. No. _____ From _____ To _____ With whom did you reside? _____	Property owner _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____ Apt. No. _____ From _____ To _____ With whom did you reside? _____	Property owner _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____ Apt. No. _____ From _____ To _____ With whom did you reside? _____	Property owner _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____ Apt. No. _____ From _____ To _____ With whom did you reside? _____	Property owner _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____ Apt. No. _____ From _____ To _____ With whom did you reside? _____	Property owner _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____ Apt. No. _____ From _____ To _____ With whom did you reside? _____	Property owner _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____ Apt. No. _____ From _____ To _____ With whom did you reside? _____	Property owner _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____ Apt. No. _____ From _____ To _____ With whom did you reside? _____	Property owner _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____ Apt. No. _____ From _____ To _____ With whom did you reside? _____	Property owner _____ Address _____ City _____ State _____ Zip Code _____ Phone Number _____

If you need additional space, attach separate sheet of paper.

22. Have you ever been evicted from a residence? Yes No. If yes, explain:

PART V- EDUCATION

23. Do you speak any language(s) other than English (including American Sign Language)?
 Yes No

Indicate language and proficiency (beginner, intermediate, advanced or fluent/native)

Language	Proficiency
	Speaking: Reading: Writing:
	Speaking: Reading: Writing:

VI - REFERENCES

24. Provide all information requested below for at least five (5) individuals who have known you for the past five (5) years. At least three of your references should be acquaintances in your own age group. References should not be relatives, past or present employers, or co-workers listed in **PART- VII**. The references you select should know you well enough to give information about your character, ability, experience, personality, and other pertinent information.

Name	Years Known	Occupation
Address	Place of Employment	
City	State	Zip
Home Phone	Business Phone	
Name	Years Known	Occupation
Address	Place of Employment	
City	State	Zip
Home Phone	Business Phone	
Name	Years Known	Occupation
Address	Place of Employment	
City	State	Zip
Home Phone	Business Phone	
Name	Years Known	Occupation
Address	Place of Employment	
City	State	Zip
Home Phone	Business Phone	

25. **Give a copy of the Recommendation Form to at least two, and no more than four,** of the persons you have requested a letter of recommendation from. Have them submit the letter to the Iron County Sheriff's Office.

26. **Attach a personal statement to this application. Word limit: 500-700 words.**

Tell us something about yourself. Why do you think you would be a good employee candidate for the Iron County Sheriff's Office? What do you consider your greatest strength and why? What do you consider your greatest weakness and why? If you feel that you have faced difficult circumstances in your life, please write about how you have overcome those obstacles.

IRON COUNTY SHERIFF'S OFFICE

RECOMMENDATION FORM

No action can be taken on the application until this form is returned.

To the Recommender

The task of Iron County Sheriff's Office calls for self-discipline courage, compassion, dedication to public service and great integrity. We are looking for an evaluation of this applicant's character, ethics, and moral fiber. When you comment on the applicant's character, please be specific.

Please type or print your comments about the applicant on the next page of this form. If you wish to make written comments on a separate sheet, please mark it with the applicant's name and social security number. We suggest that you retain a copy for you own files.

Once your recommendation is complete, you should mail this form directly to the address below rather than deliver it to the applicant. Recommendations must be sent to the following address:

<p>Iron County Sheriff's Office 2132 N Main Cedar City, Utah 84721</p>

Applicant, please print or type your name and social security number.

Name of Applicant: _____
Last First Middle Maiden

Social Security Number: _____

Name of Recommender: _____

Recommendation:

Name: _____

Signature: _____

Address: _____

Date: _____

VII-EMPLOYMENT

27. If the answer to any of the questions below is yes, explain in detail on a separate sheet of paper.

- a. Have you ever been warned or reprimanded for being late or absent?
 Yes No
- b. Have you ever been warned or reprimanded for misconduct or unsatisfactory performance?
 Yes No
- c. Have you ever been warned or reprimanded for any other reason?
 Yes No
- d. Have you raised your voice, used insulting language or had arguments with any supervisor or coworker
 Yes No
- e. Have you ever been terminated during a probationary period from any employment? If yes, give name of the employer, date, and circumstances.
 Yes No
- f. Have you ever been suspended, fired, or asked to resign from any employment? If yes, give name of the employer, date, and circumstances.
 Yes No
- g. Have you ever resigned from an employer in lieu of termination? If yes, give name of the employer, date, and circumstances.
 Yes No
- h. Have you ever quit a job without giving proper notice? If yes, give name of employer, date, and circumstances.
 Yes No

30. Would contacting your current employer during the background investigation present a problem for you?
 Yes No

31. Beginning with the current date, list your work history in chronological order back to your (18th) birthday. List, in sequence, all periods of employment (full-time, part-time), unemployment, self-employment, periods when attending school, military service, and volunteer work-tutoring, service to the elderly, work with church groups, programs you may have been involved with in your community. Work experience includes summer jobs, as well as college internships.

Please give complete address with city, state, and zip code. Include the area code with the phone number. If additional space is needed, make copies of the page before completing the section. List month/year for employment dates. **Do not leave any time periods unaccounted for.**

VII-EMPLOYMENT CONT'D

Business Name:	Address:	Phone Number:
Job Title:	Duties:	Reason for Leaving:
Supervisor's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Employment From: _____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
Business Name:	Address:	Phone Number:
Job Title:	Duties:	Reason for Leaving:
Supervisor's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Employment From: _____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
Business Name:	Address:	Phone Number:
Job Title:	Duties:	Reason for Leaving:
Supervisor's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Employment From: _____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
Business Name:	Address:	Phone Number:
Job Title:	Duties:	Reason for Leaving:
Supervisor's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Employment From: _____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	

VIII –MOTOR VEHICLE OPERATION

32. Do you have a current driver license?
 Yes No
- a. Driver License Number: _____ State: _____
- b. **Please be sure an official copy of your drivers license record is attached.**
33. If the answer to any of the questions below if yes, explain in detail on a separate sheet of paper.
- a. Have you ever been refused an operator's license by any state? If yes, give the state, date, and circumstances.
- b. Have you ever obtained a license number under an assumed name? If yes, list the name (s).
 Yes No
- c. Has your driver's license ever been suspended, revoked, placed on probation, or have you ever received a warning notice from the state that issued your license? If yes, give the name of state, date, and circumstance.
 Yes No
- d. Have you ever been involved in a traffic accident as a driver? If yes, list the dates, location, which was at fault, name of agency that investigated the accident.
 Yes No
- e. Have you ever been involved in a traffic accident as a driver that was not reported, which really should have been reported?
 Yes No
- f. Have you ever been issued a traffic citation? If yes, list date, type of violation, disposition.
 Yes No
- g. Have you ever operated a motor vehicle while you were under the influence of alcohol?
 Yes No
- h. Have you ever had a drug or alcohol related accident? If yes, give date, place of accident, and the circumstances.
 Yes No
- i. Have you ever been arrested for driving while under the influence of alcohol or drugs?
 Yes No
- j. Have you been convicted or pled guilty to driving while under the influence of alcohol or drugs, or to lesser charges following a D.U.I. arrest? If yes, list the date of the arrest, the law enforcement involved, and the final disposition.

IX – MILITARY

36. **Attach a copy of your DD214**

PART XI – LAW ENFORCEMENT

37. If the answer to any of the questions below is yes, explain in detail on a separate sheet of paper.
- a. Are you currently or have you in the past attended a police academy? If yes, list dates attended, certification status.
 - b. Have you ever worked for any law enforcement agency in any capacity? If yes, what agency (s), what capacity?
38. Have you ever worked for any law enforcement agencies? If yes, list on a separate sheet of paper, the date of application, and the current status. If rejected, what was the reason?
- Yes No
- a. Are you currently on any eligibility list for any law enforcement agency? If yes, what agency (s)?
 Yes No
 - b. Was a background investigation conducted? If yes, what was the outcome?
 Yes No

The following questions are for individuals who have been previously employed by a law enforcement agency. If you answer, “yes” to any of these questions, completely explain the circumstances of the incident, the location of the agency, hearing or court, and the final action taken. You may attach details on a separate sheet of paper.

39. Have you ever been the subject of a disciplinary action in a law enforcement agency?
 Yes No
40. Have you ever been allowed to resign from a law enforcement employer under adverse conditions that could have led to disciplinary dismissal by the agency?
 Yes No
41. Have you been fired from a law enforcement agency?
 Yes No
42. Have you ever been found guilty of “Gross Negligence” in an administrative hearing or court of law?
 Yes No
43. Have you ever been investigated or disciplined for excessive force in an arrest?
 Yes No
44. Have you ever been investigated or disciplined for tampering with evidence?
 Yes No
45. Have you ever been investigated or disciplined for perjuring testimony in an administrative hearing or court of law?
 Yes No

XII – PERSONAL DECLARATIONS

IMPORTANT INSTRUCTIONS REGARDING THIS SECTION

The following information is deemed critical to the Division of peace Officer Standards and Training, and concerns information relating to criminal convictions or criminal acts which have been dismissed through pardons, expungement, dismissal with prejudice, or other similarly treated offenses as an adult of juvenile. “Even if you have had an arrest of conviction expunged, you must still disclose that information for consideration by P.O.S.T.” (IF THE INFORMATION PERTAINS TO YOU, ATTACH ALL COPIES OF ALL POLICE REPORTS REGARDING THE ARRESTS OR CONVICTIONS. COPIES OF POLICE REPORTS SHOULD BE CERTIFIED COPIES AS INDICATED BY AN OFFICIAL POLICE STAMP AND/OR AS NOTARIZED BY A NOTARY PUBLIC.) Copies of police reports can be obtained by contacting the arresting agencies. If agencies require an official “request for information form” that can be mailed directly to P.O.S.T., forms are available at P.O.S.T.

The copies of police reports cannot be obtained from law enforcement agencies because records have been destroyed indicate “NOT AVAILABLE” on the application form. If P.O.S.T., in checking arrests or convictions, finds that the police records are available to the applicant, the application will be denied until the police records have been submitted a reviewed by P.O.S.T. A DETAILED EXPLANATION OF ALL CIRCUMSTANCES SURROUNDING INVOLVEMENT, ARREST, OR CONVICTION, RELATING TO ANY CRIME OR OTHER ACT OF MISCONDUCT MUST BE EXPLAINED ON AN ADDITIONAL SHEET (S) OF PAPER AND ENCLOSED WITH THIS APPLICATION.

This information is required and is authorized as per Sections 53-6-203, 53-6-211, 53-6-2302, and 53-6-309, Utah Code Annotated. FAILURE TO LIST REQUESTED INFORMATION IN THIS APPLICATION IS CONSIDERED A SERIOUS VIOLATION OF THE APPLICATION PROCEDURE AND WILL RESULT IN DENIAL OF THE APPLICATION.

46. Have you ever been involved in, arrested for, or convicted, of any crime?

Yes No

If yes, **Please indicate status below:**

Conviction Pleas to lesser offense Expungement Pardon Acquitted

Dismissed Dismissed with prejudice Treated in other similar manner

Diversion agreement

Details attached as separate sheet. Indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

47. Have you ever been involved in, arrested for, or convicted, of a crime of unlawful sexual conduct?

Yes No

If yes, **Please indicated status below**

Conviction Pleas to lesser offense Expungement Pardon Acquitted Dismissed

Dismissed with prejudice Treated in other similar manner

Diversion agreement

Details attached as separate sheet. Indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

XII – PERSONAL DECLARATIONS CONT'D

48. Do you have any criminal or civil complaints pending against you at this time?

Yes No

If yes, details attached on a separate sheet of paper, list the nature of the offense or complaint, jurisdiction or agency of arrest, and date of offense.

49. Has it been brought to your attention that your use of alcohol has caused problems with your job, school, family or your associates?

Yes No

Details attached on a separate sheet of paper

50. Are you now or have you ever participated in a supervised alcohol rehabilitation program?

Yes No

Details attached on a separate sheet of paper

51. Has your use of prescription drugs ever caused problems with your job, your family or your associates?

Yes No

52. Have you ever experimented with any illegal drugs?

Yes No

53. Are you now or have you ever participated in a supervised drug rehabilitation program?

Yes No

Details attached on a separate sheet of paper

54. Have you ever possessed any drugs, narcotics or other controlled substances other than those prescribed by a doctor or other licensed medical practitioner?

Yes No

Details attached on a separate sheet of paper

55. Have you ever sold or otherwise distributed any drugs, narcotics or controlled substances?

Yes No

Details attached on a separate sheet of paper

56. Have you ever been involved in the cultivation of marijuana or the manufacturing of any drugs, narcotics, or other controlled substances?

Yes No

Details attached on a separate sheet of paper

57. Have you ever purchased any drugs, narcotics, or other controlled substances from other than a doctor, or other licensed medical practitioner or pharmacist?

Yes No

Details attached on a separate sheet of paper

XII – PERSONAL DECLARATIONS CONT'D

52. Have you ever knowingly stored illegal drugs, narcotics or other controlled substances for yourself or any other person?
 Yes No

Details attached on a separate sheet of paper

53. Have you ever transported illegal drugs, narcotics, or other controlled substances for yourself or any other person?
 Yes No

Details attached on a separate sheet of paper

54. Have you used any of the following drugs illegally within the **last five years?**
 Yes No

<u>Drug</u>	(Mark which drugs you have used, if any)	
	<u>Approximate date if last use</u>	<u>List how many times</u>
<input type="checkbox"/> Heroin	_____	_____
<input type="checkbox"/> Toluene	_____	_____
<input type="checkbox"/> Cocaine	_____	_____
<input type="checkbox"/> PCP	_____	_____
<input type="checkbox"/> Percodan	_____	_____
<input type="checkbox"/> Tai sticks	_____	_____
<input type="checkbox"/> Quaaludes	_____	_____
<input type="checkbox"/> Crank	_____	_____
<input type="checkbox"/> Morphine	_____	_____
<input type="checkbox"/> LSD	_____	_____
<input type="checkbox"/> Crack	_____	_____
<input type="checkbox"/> Mescaline	_____	_____
<input type="checkbox"/> Peyote	_____	_____
<input type="checkbox"/> Opium	_____	_____
<input type="checkbox"/> Demerol	_____	_____
<input type="checkbox"/> Methadone	_____	_____
<input type="checkbox"/> Psilocybin/Mushroom	_____	_____
<input type="checkbox"/> Amphetamine	_____	_____
<input type="checkbox"/> Barbiturates injected	_____	_____
<input type="checkbox"/> Methamphetamine	_____	_____
<input type="checkbox"/> Marijuana	_____	_____
<input type="checkbox"/> Hashish	_____	_____
<input type="checkbox"/> Amyl Nitrates	_____	_____
<input type="checkbox"/> Anabolic Steroids	_____	_____

XII – PERSONAL DECLARATIONS CONT'D

Explain in detail your use of illegal drugs on a separate sheet of paper

55. Have you ever been judged mentally incompetent or insane by a court of law?

Yes No

56. Have you ever been confined to a mental institution or hospital psychiatric ward?

Yes No

57. Have you ever been treated for depression, attempted suicide or had suicidal tendencies?

Yes No

58. Are you now, or have you ever been on probation or parole for any crime which you have been convicted, or any crime held in abeyance or subject to a diversionary program through a court of law?

Yes No

Details attached on a separate sheet of paper, list the nature of the offense or complaint, jurisdiction, or agency of arrest, and date of offense

59. Are you now, or have you ever been a member or associated with a group, gang, or organization, which advocates or encourages violence, or has attempted to overthrow, the government of the United States or any State government?

Yes No

Details attached on a separate sheet of paper, explain the name of the group, gang or organization, and indicate when you became a member or associated with the organization, and your current status with the group, gang or organization

60. Have you ever been detained for investigation, held on suspicion, questioned or fingerprinted by any Law enforcement agency?

Yes No

Details on a separate sheet of paper, list the nature of the incident, agency or jurisdiction involved, and date of occurrence

61. Have you ever taken any property that didn't belong to you without permission first?

Yes No

Details on a separate sheet of paper. List what was taken, what was the value, date of occurrence

62. Have you ever purchased an item that you knew or suspected was stolen?

Yes No

Details on a separate sheet of paper. List item, quantity, value, and date of purchase

63. Have you within the past five (5) years done anything at all that you could have been arrested for doing?

Yes No

Details on a separate sheet of paper.

XII – PERSONAL DECLARATIONS CONT'D

64. Have you ever had a criminal warrant or a traffic warrant issued for your arrest?

Yes No

Details on a separate sheet of paper. Give date warrant was issued and cleared.

65. Have you ever intentionally perjured yourself in a Court of Law?

Yes No

66. Do you reside or associate with anyone (family or friends) who is or has been involved in criminal behavior equivalent to a class A misdemeanor or a felony?

Yes No

67. Have you ever been reported as a missing person or runaway?

Yes No

Details on a separate sheet of paper. List jurisdictions, dates and outcomes.

68. Have you ever been delinquent or has any legal action ever been taken against you for failing to meet an obligation for child support or alimony?

Yes No

69. Do you owe money for parking tickets?

Yes No

Details on a separate sheet of paper. Indicate the amount owed, dates

70. Have you ever been asked to submit to a polygraph examination?

Yes No

Details on a separate sheet of paper. List dates, examiner's name, purpose for examination, and name of the agency or company who requested it.

71. Have you ever failed a polygraph examination?

Yes No

Details on a separate sheet of paper. Why did you fail?

72. Have you ever applied for a permit to carry a concealed weapon?

Yes No

Details on a separate sheet of paper. List date, name of law enforcement agency.

73. Have you had your permit to carry a concealed weapon approved?

Yes No

Details on a separate sheet of paper. If no, why it was not granted. If yes, give permit number.

XII – PERSONAL DECLARATIONS CONT'D

74. Have you ever falsified an insurance claim?

Yes No

75. Have you ever falsified an income tax return?

Yes No

76. Have you ever collected unemployment or welfare benefits when you were not entitled to do so?

Yes No

77. Have you ever fraudulently misused a credit card?

Yes No

78. Have you ever forged a check?

Yes No

XIV – APPLICANT’S CERTIFICATION

Did you fill out this application/personal history statement?

Yes No

If no, print the name of the person who did below.

Name (Print of Type)

Phone Number

Relationship to Applicant

I certify that all of the information provided above and in any attached supplementary sheets is true and complete, to the best of my knowledge. In making this application/ personal history statement for training and certification in the state of Utah, I certify that I am a citizen of the United States, a high school graduate or equivalent, and have never been convicted of a felony or other offense except as noted on the application/ personal history statement. I am aware that willfully withholding information or making false or misleading information and/ or omissions of requested information on this application/ personal history statement is a violation of Utah Code Annotated 76-8-511 falsification of a government record and, if appointed, will be the basis for dismissal from Utah State Parks, or termination of training and of peace officer authority and/ or subsequent police service.

DO NOT SIGN THIS PAGE UNLESS YOU ARE IN THE PRESENCE OF AND AFTER RECEIVING AN OATH FROM A NOTARY PUBLIC ATTESTING TO THE VALIDITY OF THIS APPLICATION/ PERSONAL HISTORY STATEMENT.

RECENT PHOTOGRAPH
(No larger than 2” x 3”)
Photograph should be
No older than 2 months
Prior to making this application.

AFFIX PHOTOGRAPH HERE

Signature of Applicant (as usually written)

Date

_____, personally appeared before me and stated that all information given in this application/ personal history statement is true and correct.

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

Notary Signature

My Commission Expires

Notary Stamp

SUPPLEMENTAL INFORMATION APPLICATION
IRON COUNTY SHERIFF'S OFFICE

Applicant Name:

Please answer each of the following questions to provide a more complete evaluation of your qualifications.

The Deputy position requires flexible scheduling. Are you available to work under the following circumstances?	YES	NO	COMMENTS
Saturday			
Sunday			
Evenings or graveyard			
Split schedules			
Overnight travel			
Be available for emergency call back. A reasonable response time is approximately 30 minutes, is this something you can meet? If not, are you willing to relocate?			
Work outdoors in all weather			
Perform law enforcement duties			
Wear a uniform and sidearm			
Applicant's signature:	Date:		

IRON COUNTY SHERIFF'S OFFICE

PHYSICAL ASSESSMENT

LIABILITY WAIVER

I, the undersigned, certify my physical condition is such as to enable participation in the physical assessment portion of the employment application process. The five categories used in this assessment are: flexibility test, push-ups, sit-ups, 1.5 mile run and swim. I understand there are inherent medical risks associated with the physical exertion required by the physical assessment and hereby waive any claim of liability against the Utah Division of Parks and Recreation for any injury I may sustain in the course of my participation in any part of phase of this physical assessment.

Name: _____

Home address: _____

Home telephone number: _____

Signature of applicant: _____ Date: _____

