

GRAND COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT

Application Packet



Applicant's Name _____

**GRAND COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION**

Grand County is an Equal Employment Opportunity/Americans with Disabilities Act Compliant Employer

APPLICATION INFORMATION

In order to obtain complete information, which can be used in making hiring decision, all applicants are required to complete an official application packet. Resumes will not be accepted in lieu of the packet. Letters of recommendation or commendation should not be submitted. College transcripts should not be submitted. If a question does not apply to you indicate "n/a", do not leave the question(s) blank. Incomplete applicant packets will not be considered and applicants will be disqualified.

EQUAL EMPLOYMENT OPPORTUNITY

Grand County is an equal employment opportunity employer. If you meet the minimum position qualifications, your application will not be rejected because of your race, color, national origin, religion, sex, age, or disability.

HIRING PROCESS for LAW ENFORCEMENT

1. Certification of Utah Peace Officer Standards and training Academy (P.O.S.T.) entry level examination with a passing score of 70% or higher must be attached to application packet or application will not be considered.
2. Complete application, supplemental questionnaire, work environment information sheet; returning all documents to the Human Resource Office on or before the posted closing date.
3. Applications are reviewed against the minimum qualification for the position. Only applications that meet the minimum qualification requirements for the position will be considered.
4. Oral interview
5. Physical agility testing. (Utah Peace Officer Standards and Training Academy (P.O.S.T.) pre-entrance physical assessment requirements.)
6. Background Investigation
7. Pre-employment drug test
8. Interview with Sheriff Administration

Read and acknowledge receipt of the Legal Requirements for entrance into the Utah Peace Officer Standards and Training Academy (P.O.S.T.) on the last pages of this packet.

You will receive written notification from the Human Resource Department as the process proceeds.

Do not contact the Human Resource Department to inquire about your status.

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IMPORTANT INFORMATION: READ BEFORE COMPLETING THIS APPLICATION

On the Grand County website, www.grandcountyutah.net is a copy of the official job announcement for each career opening that outlines position duties, minimum qualification, and closing date. Grand County provides reasonable accommodations to the known disabilities of applicants in compliance with the American with Disabilities Act and the ADA Amendments Act.

Application Form

In order to obtain complete information that can be used in making hiring decisions, a completed Grand County Sheriff's Office employment application is required. If you submit a resume without an application you will not be considered for employment. Applications must be submitted by the designated date and time on the job announcement. Your complete application will be used to determine your eligibility for the available position, so it is necessary that your application is complete. You are responsible for stating your qualifications fully and in an understandable manner. Letters of recommendation or commendation should not be submitted. You are required to submit a copy of registrations, licenses or certifications that are claimed on your application. You will not be given credit without appropriate documentation. When referring to dates, give the month, day, and year. Applications for clerical or dispatch positions must include a type test dated within the last year.

Education Verification

You are required to submit copies, transcripts or certificate of completion for any education or training beyond high school that is claimed on your application. Transcripts may also be required during the final interview process. You will not be given credit for any education you do not have documented.

Experience Evaluation Methods

Most registers are developed by establishing a ranked order of applicants based on the amount and type of experience. The number of applications received for a vacancy influences the strictness of the evaluation criteria. All applications are screened against the minimum qualification with those meeting minimum qualifications being rated against the evaluation criteria. This rating established the applicants ranking on the register.

Benefit Information

All employees are required to fulfill a one-year introductory period from the date of certification, non certified position from date of hire. The introductory period may be extended for cause. Full time employees are eligible for medical, with either a Flexible Spending or Health Savings Account, dental, vision, life insurance, long term disability; paid vacation, sick, and holiday time; and other supplemental insurance as desired.

****If you are selected for employment, you will be required to prove United State citizenship and your eligibility to work in the United States, as evidences by appropriate documentation.**

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Position Applied for		Date of Application	
Last Name	First Name	Middle Name	
Physical Address	City	State	Zip Code
Mailing Address (If different from Physical Address)			
Telephone Numbers			
Home:	Cell:	Other:	
Email Address			

EQUAL EMPLOYMENT OPPORTUNITY

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Employment desired: Full time Part time Temporary Seasonal

Have you previously been employed by Grand County? Yes No

If yes, please give dates department, position and number of subordinates if applicable.

Are you legally eligible for employment in the United States? Yes No

Can you provide proof of eligibility for employment in the United States? Yes No

Do you meet the minimum age requirements for the position? Yes No

List any relatives presently employed by Grand County, their department, position and your relationship to them.

Have you read the job description of the position for which you are applying? Yes No

Do you feel that you are capable of performing all basic functions of the job within reason?
 Yes No

If no, please explain the reasonable accommodations that you may need to perform the basic job duties of the position for which you are applying.

Note: We comply with ADA requirements and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Employment may be subject to passing a medical examination and skill/agility testing.

Have you **EVER** been convicted of a criminal offense (misdemeanor or felony)? Yes No

If yes, state the nature of the crime(s), when and where convicted, and the disposition of the case:

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Note: When reviewing criminal convictions, the nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered. Failure to disclose convictions will be grounds for termination.

EDUCATION

High School Name/ GED with City / State	Diploma	GED

University, Community, Business or Technical College and city/state	Number of Years Attended	Official Major	Degree Yes/No	Type Degree

Trade School, Correspondence Course or Apprenticeship and city/state	Number of Years Attended	Subject/ Field	Course Completed	Type Certification

List any professional or trade licenses, specialized training, certificates, and registrations:

List any languages, other than English, in which you are fluent.

List any other experience, training, qualifications, or skills you have that you feel will assist you in the position for which you are applying:

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EMPLOYMENT EXPERIENCE

Chronologically list previous employment starting with the most recent for the past ten years. Please include military experience and volunteer activities. Also please explain any time period for which you were unemployed. Attach separate sheet if required. You may attach a resume, **but the application form must be filled out completely, including employment history – DO NOT STATE “SEE RESUME”.**

Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates(Month/Year)
Address		From:
Telephone Numbers	Job Title	To:
Duties		Salary/Hourly Rate
		\$ /
Reason for Leaving Choose from drop down	Supervisor's Name	Supervisor's Title

Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates(Month/Year)
Address		From:
Telephone Numbers	Job Title	To:
Duties		Salary/Hourly Rate
		\$ /
Reason for Leaving Choose from drop down	Supervisor's Name	Supervisor's Title

Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates(Month/Year)
Address		From:
Telephone Numbers	Job Title	To:
Duties		Salary/Hourly Rate
		\$ /
Reason for Leaving Choose from drop down	Supervisor's Name	Supervisor's Title

Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates(Month/Year)
Address		From:
Telephone Numbers	Job Title	To:
Duties		Salary/Hourly Rate
		\$ /
Reason for Leaving Choose from drop down	Supervisor's Name	Supervisor's Title

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REFERENCES

PROFESSIONAL

1. Name	Business Name and Address	Telephone Number
2. Name	Business Name and Address	Telephone Number
3. Name	Business Name and Address	Telephone Number

PERSONAL

1. Name	Address	Telephone Number	Years known
2. Name	Address	Telephone Number	Years known
3. Name	Address	Telephone Number	Years known

READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS STATEMENT.

By making this application, I hereby authorize any previous employers or references to give and release to the Grand County Personnel Department any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. Any or all previous employers may be contacted. I release Grand County from any liability for the use of this information in considering and reviewing my application for the available position.

(initial)

If I am applying for a position that lists as part of the job description the special requirement of passing a criminal history background investigation I hereby authorize Grand County to conduct a thorough background investigation, to include identifying criminal offenses of which I may have been convicted. I hereby release Grand County or any other agency involved in releasing this information from any civil or criminal liability arising under law.

(initial)

I affirm that this application for employment and any additional documentation contain no misrepresentations or falsifications and that the information is true and complete to the best of my knowledge and belief. I am aware, that should investigation at any time disclose any such misrepresentation or falsification I will be disqualified from further consideration or, if employed by Grand County, I may be terminated from employment.

(initial)

I understand that Grand County is a drug free workplace conducting pre-employment, reasonable suspicion, post accident and follow-up drug testing for the illegal use of controlled substances. If the position for which I am applying for is considered safety sensitive, I understand that I am subject to random drug testing.

(initial)

SIGNATURE

DATE

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Background Questionnaire – Answer the following questions accurately and completely. Any unanswered questions, false information or omissions on this form may immediately disqualify the applicant for any position within the organization.

- 1)
- a) Has your use of alcohol ever caused problems with you job, your family or your associates?
 No Yes, please provide details:
- b) Are you now or have you ever participated in a supervised alcohol rehabilitation program?
 No Yes, please provide name and address of program
 Name: Address:
 City, State and Zip code: Phone Number:

- 2)
- a) Has your use of prescription drugs EVER caused problems with your job, your family, or your associates?
 No Yes, please provide details:
- b) Are you now or have you ever participated in a supervised alcohol rehabilitation program?
 No Yes, please provide name and address of program
 Name: Address:
 City, State and Zip code: Phone Number:
- c) List and explain in detail ANY and ALL illegal drug use throughout your lifetime.

Indicate by marking any of the following drugs used illegally within the last five years:

- | | | |
|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Heroin | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Cocaine | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Percodan | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Tai Sticks | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Quaaludes | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Crank | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Morphine | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> LSD | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Crack | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Mescaline | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Peyote | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Opium | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Demoral | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Methadone | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Psilocybin/Mushroom | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Amphetamine | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Barbiturates | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Methamphetamines | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Hallucinogens | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Narcotic analgesics | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Central Nervous System
Depressants | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Central Nervous System
Stimulants | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> PCP or any of its analogs | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Ecstasy or any of its
Analog | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> MDMA or any of its
Analog | Approximate last date of use: _____ | List how many times used: _____ |

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d) Indicate by marking any of the following drugs used illegally within the last TWO years.

- | | | |
|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Marijuana | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Hashish | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Amyl Nitrates | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Anabolic Steroids | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Toluene | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Cannabis | Approximate last date of use: _____ | List how many times used: _____ |
| <input type="checkbox"/> Inhalants | Approximate last date of use: _____ | List how many times used: _____ |

3)

a) Have you EVER been judged mentally incompetent or insane by a court of law?

- No Yes

b) Have you EVER been confined to a mental institution or hospital psychiatric ward?

- No Yes

c) Have you EVER been treated for Depression?

- No Yes

d) Have you EVER attempted suicide or had suicidal tendencies?

- No Yes

4) If you have not been employed by law enforcement, corrections, or dispatch agency in the past, **DO NOT ANSWER QUESTIONS 'a THROUGH h.'**

a) Have you EVER been the subject of a disciplinary action in a law enforcement, correction, or dispatch agency?

- No Yes

b) Have you EVER been allowed to resign from a law enforcement, correction or dispatch employer under adverse conditions which could have led to a disciplinary action or dismissal by the agency?

- No Yes

c) Have you EVER been fired from a law enforcement, corrections, or dispatch agency?

- No Yes

d) Have you EVER been found guilty of "Gross Negligence" in an administrative hearing or court of law?

- No Yes

e) Have you EVER been investigated or disciplined for excessive use of force?

- No Yes

f) Have you EVER been investigated or disciplined for tampering with evidence?

- No Yes

g) Have you EVER been investigated or disciplined for perjuring testimony in an administrative hearing or a court of law?

- No Yes

h) Have you EVER been investigated or disciplined for theft of property in an administrative hearing or court of law?

- No Yes

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IMPORTANT INSTRUCTIONS FOR THE FOLLOWING QUESTIONS

The following information is deemed critical to the Grand County Sheriff's Office, and concerns information relating to criminal convictions or criminal acts that have been dismissed through pardons, expungements, dismissal with prejudice, or other similarly treated offenses. EVEN IF YOU HAVE HAD AN ARREST OR CONVICTION EXPUNGED, YOU MUST STILL DISCLOSE THAT INFORMATION FOR CONSIDERATION BY THE GRAND COUNTY SHERIFF'S OFFICE. If any of the following 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 official police stamp and/or as notarized by a notary public. Copies of police reports can be obtained by contacting the arresting agencies.

If copies of police reports cannot be obtained from law enforcement agencies because records have been destroyed, indicate "NOT AVAILABLE" on the application form. If the Grand County Sheriff's Office, 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 and reviewed.

Include Juvenile Offenses

5)

- a) Have you EVER been involved in a felony? No Yes
- Have you EVER been arrested for a felony? No Yes
- Have you EVER been convicted of a felony? No Yes

If you responded yes to any or all of these questions, indicate the type of offense, location of offense, arresting agency, and date the offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

INDICATE STATUS BELOW:

- | | |
|--|--|
| <input type="checkbox"/> Conviction | <input type="checkbox"/> Dismissed with prejudice |
| <input type="checkbox"/> Plead to lesser offense | <input type="checkbox"/> Treated in other similar manner |
| <input type="checkbox"/> Expungement | <input type="checkbox"/> Diversion Agreement |
| <input type="checkbox"/> Pardon | <input type="checkbox"/> Plea and Abeyance |
| <input type="checkbox"/> Acquitted | <input type="checkbox"/> Dismissed |

Provide detail:

- b) Have you EVER been involved in a crime of dishonesty? No Yes
- Have you EVER been arrested for a crime of dishonesty? No Yes
- Have you EVER been convicted for a crime of dishonesty? No Yes

If you responded yes to any or all of these questions, indicate the type of offense, location of offense, arresting agency, and date the offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

INDICATE STATUS BELOW:

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- | | | | |
|--------------------------|-------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Conviction | <input type="checkbox"/> | Dismissed with prejudice |
| <input type="checkbox"/> | Plead to lesser offense | <input type="checkbox"/> | Treated in other similar manner |
| <input type="checkbox"/> | Expungement | <input type="checkbox"/> | Diversion Agreement |
| <input type="checkbox"/> | Pardon | <input type="checkbox"/> | Plea and Abeyance |
| <input type="checkbox"/> | Acquitted | <input type="checkbox"/> | Dismissed |

Provide detail:

- c) Have you EVER been involved in a crime of physical or domestic violence?
 No Yes

Have you EVER been arrested for a crime of physical or domestic violence?
 No Yes

Have you EVER been convicted for a crime of physical or domestic violence?
 No Yes

If you responded yes to any or all of these questions, indicate the type of offense, location of offense, arresting agency, and date the offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

INDICATE STATUS BELOW:

- | | | | |
|--------------------------|-------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Conviction | <input type="checkbox"/> | Dismissed with prejudice |
| <input type="checkbox"/> | Plead to lesser offense | <input type="checkbox"/> | Treated in other similar manner |
| <input type="checkbox"/> | Expungement | <input type="checkbox"/> | Diversion Agreement |
| <input type="checkbox"/> | Pardon | <input type="checkbox"/> | Plea and Abeyance |
| <input type="checkbox"/> | Acquitted | <input type="checkbox"/> | Dismissed |

Provide detail:

- d) Have you EVER been involved in a crime of unlawful sexual conduct?
 No Yes

Have you EVER been arrested for a crime of unlawful sexual conduct?
 No Yes

Have you EVER been convicted for a crime of unlawful sexual conduct?
 No Yes

If you responded yes to any or all of these questions, indicate the type of offense, location of offense, arresting agency, and date the offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

INDICATE STATUS BELOW:

- | | | | |
|--------------------------|-------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Conviction | <input type="checkbox"/> | Dismissed with prejudice |
| <input type="checkbox"/> | Plead to lesser offense | <input type="checkbox"/> | Treated in other similar manner |
| <input type="checkbox"/> | Expungement | <input type="checkbox"/> | Diversion Agreement |
| <input type="checkbox"/> | Pardon | <input type="checkbox"/> | Plea and Abeyance |
| <input type="checkbox"/> | Acquitted | <input type="checkbox"/> | Dismissed |

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Provide detail:

- e) Have you EVER been involved in a crime involving the use, sale or possession of a controlled substance? No Yes

Have you EVER been arrested for a crime involving the use, sale or possession of a controlled substance? No Yes

Have you EVER been convicted for a crime involving the use, sale or possession of a controlled substance? No Yes

If you responded yes to any or all of these questions, indicate the type of offense, location of offense, arresting agency, and date the offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

INDICATE STATUS BELOW:

- | | | | |
|--------------------------|-------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Conviction | <input type="checkbox"/> | Dismissed with prejudice |
| <input type="checkbox"/> | Plead to lesser offense | <input type="checkbox"/> | Treated in other similar manner |
| <input type="checkbox"/> | Expungement | <input type="checkbox"/> | Diversion Agreement |
| <input type="checkbox"/> | Pardon | <input type="checkbox"/> | Plea and Abeyance |
| <input type="checkbox"/> | Acquitted | <input type="checkbox"/> | Dismissed |

Provide detail:

- f) Have you EVER been involved in the offense of Driving under the Influence of Alcohol, Drugs or Metabolite? No Yes

Have you EVER been arrested for an offense of Driving under the Influence of Alcohol, Drugs or Metabolite? No Yes

Have you EVER been convicted for an offense of Driving under the Influence of Alcohol, Drugs or Metabolite? No Yes

If you responded yes to any or all of these questions, indicate the type of offense, location of offense, arresting agency, and date the offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

INDICATE STATUS BELOW:

- | | | | |
|--------------------------|-------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Conviction | <input type="checkbox"/> | Dismissed with prejudice |
| <input type="checkbox"/> | Plead to lesser offense | <input type="checkbox"/> | Treated in other similar manner |
| <input type="checkbox"/> | Expungement | <input type="checkbox"/> | Diversion Agreement |
| <input type="checkbox"/> | Pardon | <input type="checkbox"/> | Plea and Abeyance |
| <input type="checkbox"/> | Acquitted | <input type="checkbox"/> | Dismissed |

Provide detail:

- g) Have you had ANY other convictions? (i.e. traffic offenses, misdemeanor offenses, military crimes, etc.) No Yes

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Provide detail:

- h) Do you have any criminal or civil complaints pending against you at this time?

No Yes

Provide detail, including the nature of the offense or complaint, jurisdiction or agency of arrest, and date of the offense:

- i) 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?

No Yes

Provide detail, including the nature of the offense or complaint, jurisdiction or agency of arrest, and date of the offense:

- 6) Are you now, or have you EVER been a member or associated with a group, gang or organization that advocates or encourages violence or criminal activities?

No Yes

Provide detail, explain the name of the group, gang, and organization, purpose of the group, gang or organization; indicate when you became affiliated with the group and your current status with the group, gang, or organization:

- 7) Are you now, or have you EVER been a member or associated with a group that has advocated the overthrow of the government of the United States or any State government?

No Yes

Provide detail, explain the name of the group, gang, and organization, purpose of the group, gang or organization; indicate when you became affiliated with the group and your current status with the group, gang, or organization:

- 8) Have you EVER been terminated from any employer, forced to resign, or resigned pending termination?

No Yes

Provide detail:

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Legal Requirements for Admission into Utah Peace Officer Standards
and Training Academy P.O.S.T. Academy

53-6-203 Applicants for admission to training programs or for certification examination - Requirements

- (1) Before being accepted for admission to the training programs conducted by a certified academy, and before being allowed to take a certification examination, each applicant for admission or certification examination shall meet the following requirements.
 - (a) be a United States citizen
 - (b) at least 21 years old at the time of certification as a special function officer or correctional officer.
 - (c) be a high school graduate or furnish evidence of successful completion of an examination indicating an equivalent achievement:
 - (d) have not been convicted of a crime for which the applicant could have been punished by imprisonment in a federal penitentiary or by imprisonment in the penitentiary of this or another state.
 - (e) have demonstrated good moral character, as determined by a background investigation; and
 - (f) be free of any physical, emotional, or mental condition that might adversely affect the performance of the applicant's duties as a peace officer.
- (2)
 - (a) An application for admission to a training program shall be accompanied by a criminal history background check of local, state, and national criminal history files and a background investigation.
 - (b) The costs of the background check and investigation shall be borne by the applicant or the applicant's employing agency.
- (3)
 - (a) Notwithstanding any expungement statute or rule of any other jurisdiction, any conviction obtained in this state or other jurisdiction, including a conviction the has been expunged, dismissed, or treated in a similar manner to either of these procedures, may be considered for purposes of this section.
 - (b) This provision applies to convictions entered both before and after the effective date of this section.
- (4) Any background check or background investigation performed pursuant to the requirements of this section shall be to determine eligibility for admission to training programs or qualification for certification examinations and may be used as a replacement for any background investigations that may be required of an employing agency.
- (5) An applicant shall be considered to be of good moral character under Subsection (1)(e) if the applicant has not engaged in conduct that would be a violation of Subsection 53-6-211(1).
- (6) An applicant seeking certification as a law enforcement officer, as defined in Section 53-13-103, shall be qualified to possess a firearm under state and federal law.

I hereby acknowledge that I have read and understand the above legal requirements for admission into the Academy.

Applicants Printer Name

Applicants Signature

Date

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FCRA DISCLOSURE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Grand County may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

The report may be generated by **Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, 1-877-263-8033, www.universalbackground.com)** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Grand County to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Grand County by contacting the consumer reporting agency identified above directly. You may also contact the Grand County to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Grand County shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Grand County, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Grand County has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Grand County at any time after receipt of this authorization and, if I am hired, throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance Grand County to furnish any and all background information requested by **Universal Background Screening**, another outside organization acting on behalf of the Grand County, and/or the Grand County itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Grand County.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Grand County whenever you have a right to receive such a copy under California law.

**GRAND COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION**

Grand County is an Equal Employment Opportunity/Americans with Disabilities Act Compliant Employer

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)*

Driver License State / Number

Date of Birth*

*This information will be used for background screening purposes only and will not be used as hiring criteria.

FCRA:EMPLOYMENT:003881:20121119

**GRAND COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION**

Grand County is an Equal Employment Opportunity/Americans with Disabilities Act Compliant Employer

Section A: Drivers License Verification

I, _____, certify that I have a valid and appropriate Utah Drivers License and that the information contained below is complete and accurate; agree to notify Human Resources immediately if my license expires, or is revoked; agree that each time I endorse a mileage reimbursement check that I am certifying I possess a valid driver license; and understand if I drive while in the course of performing my job without a valid and appropriate license I will be subject to disciplinary action, up to and including termination.

Drivers License Number	Type of License	Expiration Date

Section B: Auto Insurance Coverage

I, _____, certify that I have at least the minimum insurance coverage required by Utah State laws on each vehicle I operate while performing my job; agree to have such coverage in effect while using my vehicle(s) when employed; agree to notify Human Resources immediately if my coverage ceases to be in effect for any reason; agree that each time I endorse a mileage reimbursement check that I am certifying my insurance coverage is in effect; understand that I drive a vehicle while in the course of performing my job without the minimum coverage amounts I will be subject to disciplinary action, up to and including termination.

The minimum insurance required by Utah State law is:

1. No-fault coverage of at least \$3,000 in Personal Injury Protection
2. A "24-65-15" liability policy which includes at least:
 - a. \$25,000/individual for bodily injury,
 - b. \$65,000/accident for bodily injury,
 - c. and \$15,000/accident for property damage.

By signing below, I acknowledge that I have read and understand the requirements listed above, that any questions regarding this document have been fully answered, and that I agree to the terms and conditions set forth.

Please provide a copy of your current insurance card.

Employee: _____ Date: _____

**GRAND COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION**

Grand County is an Equal Employment Opportunity/Americans with Disabilities Act Compliant Employer

P.O.S.T. Entrance Examination Requirements

In January 1997, the POST Council directed the POST staff to develop a process that would assure that individuals entering Law Enforcement have adequate reading, writing, and mathematical skills. Therefore, upon the direction of POST Council, and effective January 1997, anyone applying for the academy must pass an entrance exam.

The entrance exam is administered by the agencies which may be accessed via this link: <http://post.utah.gov/prospective-officers/entrance-requirements/>. Scoring is provided through Standard & Associates, Inc., in order to maintain the integrity of the exam and allow POST a means to verify the completion of the testing requirement.

The exam may be taken at any of the following testing sites. A fee may be assessed and government or state picture identification is necessary. **The results are mailed to you approximately 2 (two) weeks from the test date.**