

**KANE COUNTY SHERIFF'S
OFFICE/JAIL**



**EMPLOYMENT APPLICATION
PACKET**

To Applicant:

Thank you for considering the Kane County Sheriff's Office as a place of employment. We wish you well in the pre-employment process.

All items on the Checklist must be submitted with the application.

As you may have noticed, one of the requirements of the application packet is the "results of the Utah Peace Officer Exam". This must be passed before your application will be considered. The test can be taken at Dixie College. The testing is Tuesday thru Friday from 9 a.m. until 8 p.m. There is a cost you will incur for this test. At the time of testing you will be required to show a valid picture I.D. For the current cost, instructions on how to find the place of testing within Dixie College Campus, and any other questions, call the Testing Center at 435-652-7696.

Once your application is accepted, it will be kept on file for one year. However, the Medical Release Form is only valid for 6 months from the time of the exam. If you're considered after the 6 months has elapsed, you will be required to obtain an updated form.

CHECK LIST

Mandatory:

- Completed Application
- Signed Drug Screen Authorization form
- Signed Medical Release form
- Signed Waiver of Information
- Signed Physical Fitness Test Waiver
- Copy of Utah Peace Officer Entrance Exam results
- Copy of High School Diploma/GED
- Photocopy of Driver's License
- Copy of Birth Certificate

If Attained:

- Copy of Utah Peace Officer Certification
- Copy of Utah Corrections Officer Certification
- Copy of College Degrees
- Any other certificates or degrees you may want to include
- If applicant served in the military, a copy of a DD-214

Kane County

76 N. Main
Kanab, Utah 84741

Employment Application

Applicant Information

| | | | | | | | | |
|---|-----|---------------------------------|--------------------------------|--|------------------|----------|---------------------------------|--------------------------------|
| Full Name: | | | | | | Date: | | |
| Last | | | First | | | M.I. | | |
| Address: | | | | | | | | |
| Street Address | | | | | Apartment/Unit # | | | |
| City | | | | State | | ZIP Code | | |
| Phone: | () | | | E-mail Address: | | | | |
| Date Available: | | | Social Security No.: | | | | Desired Salary: | \$ |
| Position Applied for: | | | | | | | | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this company? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, when? | | | | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | |
| If yes, explain: | | | | | | | | |

Education

| | | | | | | | | | |
|--------------|--|-----|--|-------------------|---------------------------------|--------------------------------|---------|--|--|
| High School: | | | | Address: | | | | | |
| From: | | To: | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree: | | |
| College: | | | | Address: | | | | | |
| From: | | To: | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree: | | |
| Other: | | | | Address: | | | | | |
| From: | | To: | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree: | | |

References

Please list three professional references.

| | | | | | | | | | |
|------------|--|--|--|---------------|--|-----|--|--|--|
| Full Name: | | | | Relationship: | | | | | |
| Company: | | | | Phone: | | () | | | |
| Address: | | | | | | | | | |
| Full Name: | | | | Relationship: | | | | | |
| Company: | | | | Phone: | | () | | | |
| Address: | | | | | | | | | |
| Full Name: | | | | Relationship: | | | | | |
| Company: | | | | Phone: | | () | | | |

| | |
|----------|--|
| Address: | |
|----------|--|

Previous Employment

| | | | |
|----------|--|--------|--------|
| Company: | | Phone: | () |
|----------|--|--------|--------|

| | | | |
|----------|--|-------------|--|
| Address: | | Supervisor: | |
|----------|--|-------------|--|

| | | | | | |
|------------|--|------------------|----|----------------|----|
| Job Title: | | Starting Salary: | \$ | Ending Salary: | \$ |
|------------|--|------------------|----|----------------|----|

| | | | | | |
|-------------------|--|--|--|--|--|
| Responsibilities: | | | | | |
|-------------------|--|--|--|--|--|

| | | | | | |
|-------|--|-----|--|---------------------|--|
| From: | | To: | | Reason for Leaving: | |
|-------|--|-----|--|---------------------|--|

| | | | |
|--|---------------------------------|--------------------------------|--|
| May we contact your previous supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
|--|---------------------------------|--------------------------------|--|

| | | | |
|----------|--|--------|--------|
| Company: | | Phone: | () |
|----------|--|--------|--------|

| | | | |
|----------|--|-------------|--|
| Address: | | Supervisor: | |
|----------|--|-------------|--|

| | | | | | |
|------------|--|------------------|----|----------------|----|
| Job Title: | | Starting Salary: | \$ | Ending Salary: | \$ |
|------------|--|------------------|----|----------------|----|

| | | | | | |
|-------------------|--|--|--|--|--|
| Responsibilities: | | | | | |
|-------------------|--|--|--|--|--|

| | | | | | |
|-------|--|-----|--|---------------------|--|
| From: | | To: | | Reason for Leaving: | |
|-------|--|-----|--|---------------------|--|

| | | | |
|--|---------------------------------|--------------------------------|--|
| May we contact your previous supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
|--|---------------------------------|--------------------------------|--|

| | | | |
|----------|--|--------|--------|
| Company: | | Phone: | () |
|----------|--|--------|--------|

| | | | |
|----------|--|-------------|--|
| Address: | | Supervisor: | |
|----------|--|-------------|--|

| | | | | | |
|------------|--|------------------|----|----------------|----|
| Job Title: | | Starting Salary: | \$ | Ending Salary: | \$ |
|------------|--|------------------|----|----------------|----|

| | | | | | |
|-------------------|--|--|--|--|--|
| Responsibilities: | | | | | |
|-------------------|--|--|--|--|--|

| | | | | | |
|-------|--|-----|--|---------------------|--|
| From: | | To: | | Reason for Leaving: | |
|-------|--|-----|--|---------------------|--|

| | | | |
|--|---------------------------------|--------------------------------|--|
| May we contact your previous supervisor for a reference? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
|--|---------------------------------|--------------------------------|--|

Military Service

| | | | | | |
|---------|--|-------|--|-----|--|
| Branch: | | From: | | To: | |
|---------|--|-------|--|-----|--|

| | | | |
|--------------------|--|--------------------|--|
| Rank at Discharge: | | Type of Discharge: | |
|--------------------|--|--------------------|--|

| | | | | | |
|-----------------------------------|--|--|--|--|--|
| If other than honorable, explain: | | | | | |
|-----------------------------------|--|--|--|--|--|

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|

CONSENT FORM FOR PRE-EMPLOYMENT DRUG SCREENING

I, the undersigned in accordance with the Kane County Drug and Alcohol Free Workplace Policy, acknowledge that I have been given a copy of the policy and have read it. I also understand that as a condition of being offered a position with Kane County, I will have to take and pass a drug test. If I am offered a position, I understand that I will have to comply with Kane County's terms of employment.

I submit voluntarily to Kane County's request for a specimen for the purpose of detecting controlled substances and authorize Kane County to have its third-party administrator take the specimen for the purpose of the test. Further, I understand that those tests may be given to a Medical Review Office and /or Kane County for review.

I understand that if I fail to provide a specimen, or if the sample reveals the presence of drugs or other Controlled Substances, I will not be offered a position with Kane County.

I have read this form in full and understand the above statements.

Full Name (print)

Signature

Social Security Number

Witness

Date

MEDICAL RELEASE
FOR
ALL BASIC TRAINING APPLICANTS
(Self Sponsored and Department Sponsored)

NOTICE TO EXAMINING PHYSICIAN

PEACE OFFICER STANDARDS AND TRAINING
PHYSICAL AND DYNAMIC TRAINING REQUIREMENTS

Law Enforcement Officer (LEO), Special Function Officer and Correctional Officer training programs require participation in physical fitness and defensive tactics training. Law Enforcement Officer training also requires participation in handgun shooting. Basic training students will participate in a rigorous exercise program of 5 to 14 weeks for at least one hour per session three times a week. Basic training students will also participate in a martial arts type defensive tactics program of 5 to 14 weeks for at least one hour per session three times a week. Basic training students attending the LEO block of training will spend approximately 46 hours on the firing range shooting handguns.

Physical Assessment – A physical assessment test will be administered four times. Once at the beginning of the five week block, once at the end of the 5 week block, again in the middle of the second (LEO) block, and at the end of the 14 week (LEO) block. The test will require maximum exertion. The assessment will consist of a standing high jump, sit-ups, push-ups, a 300 meter sprint and a one and one-half mile run.

- ❖ Please see appendix 1 through 3 for a list of essential tasks associated with this physical conditioning and dynamic training program.
-

Applicant:

I have read and understand the physical training requirements necessary for attendance at a basic law enforcement officer training program as contained on this page and on appendix 1 through 3 attached. I certify that I am physically and medically capable of participation in a rigorous program of physical conditioning and dynamic training as described above and on appendix 1 through 3.

Applicant Name (please print or type)

Applicant Signature

Date

Physician:

I have examined the applicant and find this person physically capable of participating in a rigorous program of physical conditioning and dynamic training as described above and on appendix 1 through 3 attached.

Physician Name (please print or type)

Physician Signature

Date

Physician Telephone Number

Physician Address

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I am making application for employment consideration to the Kane County Sheriff's Office. It is my understanding that a comprehensive investigation of my background may be conducted in connection with my application. It is further my understanding that any information adversely reflecting on me may be cause to disregard my application.

I hereby give Kane County Sheriff's Office and its duly authorized representatives the authority to conduct a comprehensive investigation into my background. I also authorize full disclosure to Kane County Sheriff's Office of any records concerning me, whether said records are public or private, and privileged or confidential. In particular, I authorize full disclosure of any records concerning me, including but not limited to the records of present and past employers, educational and financial institutions, commercial establishments, public utility companies, medical and psychiatric agencies; including hospitals, clinic, private practitioners, the U.S. Veteran's Administration and military facilities.

I hereby appoint any authorized representative designated by the Kane County Sheriff's Office as an authorized agent for the purpose of inspecting any arrest records information maintained by any law enforcement agency concerning me.

To the custodian of any records discussed herein I authorize you to release such information to the Kane County Sheriff's Office. A copy of this release form will be valid as an original, even though the copy does not contain an original writing of any signature.

I hereby release the Kane County Sheriff's Office, and anyone who gives written or oral information about me to the Kane County Sheriff's Office in connection with this background investigation, from any liability or damages which may result from furnishing the information requested.

Applicant's Signature _____ Date _____

PHYSICAL FITNESS TEST WAIVER

I, _____, whose signature is voluntarily affixed below, do hereby affirm that I am taking the physical fitness test required by the Kane County Sheriff's Office for the position of Deputy/Correctional Officer upon my voluntary request. I take upon myself full responsibility, and do hereby release the Kane County Sheriff's Office and Kane County from any responsibility for any injury which may be received or may manifest itself as a result of the physical fitness test, which includes but is not limited to exercises to assess cardiovascular endurance, absolute strength, and agility.

Applicant's signature _____ Date _____