

SANPETE COUNTY SHERIFF EMPLOYMENT APPLICATION

To insure full consideration, application must be completed, including required dates and all job related education and experience. Make sure all blanks are filled in and legible, if question is not applicable; please enter "NA" or "None". Assistance is available for the disabled if help is needed with the application/hiring process.

APPLICANT INFORMATION

Name: (Last, First, M.)						
Other names previously used:						
Social Security #:						
Current Address:Street		State	Zip			
Mailing Address:						
Contact Telephone:						
Email Address:						
If you have a relative(s) working for Sanpete, Indicate name(s), relationship(s) and department(s):						
Are you prevented from lawfully becoming	employed in this co	ounty? No [□ Yes			
Are you a U.S. Citizen? □ No □ Yes						
Are you currently employed? □ No □ Yes						
Referral Source: □ Advertisement □ Friend □ Relative □ Walk-in						
☐ Employment Agency ☐ other						
JOB INTEREST						
Position applying for:						
Type of employment acceptable: □ Full-time □ Part-time □ Temporary						

Do you have a valid driver's license?	□ No □ Yes	
Drivers License #:(Include a copy of driver's	State: Expiration: icense with application)	
Can you travel if a job requires it?	No □ Yes	
Date available to start:		
Have you ever been employed by Sa From: to:	npete County? □ No □ Yes. If yes,	
Department:	Position:	
Supervisor:	Reason for termination:	
REFERENCES		
List three personal references (NOT	former supervisors or relatives)	
1	tle/Occupation Address (city, state) Phone #	
2		
	er regarding your qualifications? No Yes	
EXPERIENCE		
paid (full or part-time), volunteer (full service. Account for your time during	boxes below, all periods of employment, such as or part-time), self employment, and/or military any intervals of unemployment including when heets if necessary, using the same format.	
	From:To:	
Complete Address:	Phone#:	
	Salary\$ per hours per week:	
Reason for leaving or seeking other emplo	yment:	

Employer:	From:	_To:
Complete Address:	Phone#:	
Supervisor's Name and Title:	Salary\$	per
Your title:		
Duties:		
Reason for leaving or seeking other employment:		
Employer:		
Complete Address:	Phone#	:
Supports Name and Title:	Calamič	mor
Supervisor's Name and Title:	salarys	per
Duties:		
Reason for leaving or seeking other employment:		
Employer:	From:	_ To:
Complete Address:	Phone#	•
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Supervisor's Name and Title:		
Your title:		
Duties:		
		
Reason for leaving or seeking other employment:		
Employer:		
Employer:Complete Address:		
Complete Address:	Phone#	:
Complete Address: Supervisor's Name and Title:	Phone# Salary\$: per
Complete Address: Supervisor's Name and Title: Your title:	Phone#Salary\$ hours per week:	:
Complete Address: Supervisor's Name and Title:	Phone#Salary\$ hours per week:	: per
Complete Address: Supervisor's Name and Title: Your title: Duties:	Phone#Salary\$ hours per week:	: per
Complete Address: Supervisor's Name and Title: Your title:	Phone#Salary\$ hours per week:	: per

Have you been convicted of a felony? No Yes, if yes explain:

Have you been convicted of domestic violence? □ No □ Yes, if yes, explain:
Have you been convicted of DUI in the last 7 years? □ No □ Yes, if yes explain:
Are you under investigation for any felony or domestic violence? ☐ No ☐ Yes
Are you currently a certified Category I Peace Officer in the State of Utah? ☐ No ☐ Yes (If yes please provide a copy of your certification with this application)
Are you currently a certified Corrections Officer in the State of Utah? ☐ No ☐Yes. (If yes, please provide a copy of your certification with this application)
Have you ever been terminated from any law enforcement job? \Box No \Box Yes. If yes list from where, reason, and the date of termination.
Have you had any professional license/certification denied, suspended or revoked? □ No □ Yes. If yes, explain:
Are you a veteran of the U.S. Military Service? □ No □Yes. If yes, Branch Rank
Have you been discharged from the military? ☐ No ☐ Yes, if yes what was the discharge? ☐ Honorable ☐ medical ☐ section 8 ☐ general ☐ administrative ☐ Other than honorable ☐ other

VOLUNTEER SERVICE

List professional, trade, business, or civic activities an memberships which would reveal sex, race, religion, r handicap or other protected status)		•
EDUCATION		
Have you graduated from high school or received a hi NoYes.	gh school e	quivalency diploma?
Circle last grade completed: 1 2 3 4 5 6 7 8 9 10	0 11 12	
Certificates: List job related professional or trade licer registrations:	nse, certifica	ates or special
Title	State	No:
Title	State	No:
Title	State	No:
College, University, Business, Trade/Technical School		
Name and Location:		
Dates of attendance:		
Type of Degree:		
Indicate languages you speak, read and/or write:		

QUALIFICATIONS

Ability requirements listed in the position descrif necessary).	
List Certifications:	
PLEASE COMPLETE THREE (3) AUTHORIZ FORMS, HAVE THEM ALL NOTARIZED AND APPLICATON.	
I certify that all statements made in this application of mater disqualification or dismissal even after I have be	rial facts may subject me to
Signature	Date