

Last name			First			MI			Date of Birth			Date of Application				
Street Address						Driver License # & State						Social Security Number				
City				State				Zip				Home Telephone			Blood Type	
Answer yes or no. Any yes answer requires a separate sheet with a full explanation	A Any criminal arrest	B Drug/alcohol arrest or abuse	C Revoked or suspended driver license	D Pending court action	E Seized wages or property	F Filed any claim against an employer	G List current physician & phone	H Insurance Co. & #								

Position you are applying for: _____

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for one (1) year from the date of application. You may submit a new application at any time. You may attach a one page resume to this application if you so desire. Any false information, or information requested which is left blank will result in the non-acceptance of your application. All applications are the property of the Utah County Sheriff's Office once filed with the office. Appointments are generally made after completion of an investigation and an interview is conducted.

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well. The present employer is sufficient if you have been continuously employed at that location for the last five years. Include any volunteer employment.

Last or present company		Type of Business		Type or classification of job	
Street address		Phone Number		Brief description of job duties	
City		State		ZIP Code	
Supervisor's name		Phone Number			
Base Salary		Dates worked			
		From		To	
Reason for leaving					
Last or present company		Type of Business		Type or classification of job	
Street address		Phone Number		Brief description of job duties	
City		State		ZIP Code	
Supervisor's name		Phone Number			
Base Salary		Dates worked			
		From		To	
Reason for leaving					

Educational History

School Name	Location (City, State)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High School							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

Civic Activities

Include any certificates which may apply to rescue skills

Professional memberships, certificates or licenses held
Past and present civic or cultural activities - include offices held
Hobbies

To be completed by applicant for outdoor or rescue skills	Classes or training in each area	
Technical Climbing <input type="checkbox"/> Yes <input type="checkbox"/> No		Years Experience
Medical <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Skills <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list other skills and/or equipment/language experience you have acquired	Identify any previous teams or rescue work you have performed	
	Previous team membership	<input type="checkbox"/> Yes Name: <input type="checkbox"/> No

Military Record

Branch of Service	From	To
Present Military affiliation: <input type="checkbox"/> None <input type="checkbox"/> Reserve (active) <input type="checkbox"/> Reserve (inactive)		
Kinds of training and duty while in service		

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying

Name	Title/Relationship	Address (Street, City, State, Zip)	Phone Number (Include area code)	Occupation
May we contact your present employer <input type="checkbox"/> Yes <input type="checkbox"/> No				
Physical limitations				
Date Available				

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the departments service, if employed. I understand that my employment may be contingent upon receipt of a credit check, background investigations, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself. I hereby give permission to representatives of the Utah County Sheriff's Office or Utah County Sheriff's Office Search & Rescue to obtain and review my credit history. I agree to hold harmless the Sheriff's Office, employees and quasi-employees for all inquiries and investigations into my fitness and qualification for appointment as a volunteer employee. I understand that employment with the Sheriff's Office may place me in a position of receipt of confidential material from time to time. I agree to keep confidential those matters and all matters during my employment with the Sheriff's Office. I agree to notify the Division Commander of any change in my status involving all of the above referenced questions during my employment with the Sheriff's Office. While so employed I will maintain all required personal and automobile insurance in accordance with state laws.

Signature _____

Date _____

If any of your educational or employment records are under other than the above name, please provide other names.



UTAH COUNTY SHERIFF'S OFFICE

SHERIFF

MICHAEL L. SMITH

Authority for Release of Information

Last Name _____ First Name _____ Middle _____ Sex _____ Race _____ DOB _____

Place of Birth _____ County or City _____ State _____ Country _____ SSN _____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Utah County Sheriff's Office, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, and also the records of commercial or retail credit agencies (including credit reports and or ratings); employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law including criminal, civil and/or traffic records to include my drivers' history; the results of any polygraph examinations; medical history records; residential records and information; and armed forces personal files.

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 which may provide pertinent data for the Utah County Sheriff's Office to consider in determining my suitability for employment by that agency. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Utah County Sheriff's Office. I understand that all materials pertaining to this background investigation become the property of the Utah County Sheriff's Office and will not be returned to me.

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 I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this

_____ day of _____, 20 ____.

My commission expires _____, 20 ____.

Notary: _____

Signature: _____

Street Address: _____