

GRAND COUNTY SHERIFF'S OFFICE
LAW ENFORCEMENT

APPLICANT PACKET



Applicant's Name



Grand County
Office of Human Resources

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

APPLICATION INFORMATION

In order to obtain complete information, which can be used in making hiring decisions, 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 questions blank. Incomplete application 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 and return to the Human Resource office on or before the posted closing date.
3. Applications are reviewed against the minimum qualifications for the position. Only applicants who meet the minimum qualifications required 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

Please 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 HR Department as the process proceeds.

Please do not contact the HR Department to inquire about your status.

GRAND COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION

IMPORTANT INFORMATION: READ BEFORE COMPLETING APPLICATION

The Grand County Sheriffs Office has a copy of an official job announcement for each career opening that outlines position duties, minimum qualifications, and closing date. If you would like a copy of the announcement, please ask. If a position is designated Career Service Exempt, the employee will be an “at-will” employee and can be terminated at any time with or without cause. Grand County provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

Application Form

In order to obtain complete information that can be used in making hiring decisions, we require you to complete an official Grand County employment application. If you submit a resume without an application you will not be considered for employment. Applications must be submitted by 5:00 P.M. on the closing date of the job announcement. Your completed 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. **If more space is needed to give full answers or explanations, attach additional sheets.** 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 certificates of completion for any education or training beyond high school you claim with 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 qualifications with those meeting minimum qualifications being rated against the evaluation criteria. This rating establishes the applicants ranking on the register.

Benefit Information

All Employees are required to fulfill a one-year probation period from the date of certification, non certified positions from date of hire. The probationary period may be extended for cause. Full time employees are eligible for paid vacation, sick leave, holiday pay, health, dental and life insurance with a shared cost, paid retirement, and disability and workers compensation; flexible spending for medical and child care expenses on a pretax basis.

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

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

CERTIFICATE OF LICENSE AND INSURANCE COVERAGE

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. I agree to notify the Sheriff and the Human Resources Office immediately if my license expires, or is revoked. I agree that each time I endorse a mileage reimbursement check; I am certifying I possess a valid driver license. I understand if I drive a vehicle while in the course of performing my job without a valid and appropriate license I will be subject to disciplinary action, which may include termination.

Drivers License Number	Type of License	Expiration Date

Signature _____ Date _____

Section B – Auto Insurance Coverage

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

I understand that the minimum insurance required by state law includes the following:

1. No Fault Coverage
2. A “25-50-15” liability policy which covers at least \$25,000 per individual for bodily injuries and a \$50,000 minimum per accident or \$50,000 total per accident which can be used for bodily injuries or property damage.
3. Property damage coverage of at least \$15,000.
4. Uninsured motorist coverage of \$25,000 per person and \$50,000 per accident.

Signature _____ Date _____

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

GRAND COUNTY

PRE-EMPLOYMENT/PRE-VOLUNTEER

ALCOHOL AND DRUG TESTING NOTICE AND CONSENT FORM

Printed Name _____
Last First Middle

Position Applied For _____

As part of the employment or volunteer process, I hereby voluntarily agree to be tested for the presence of controlled substances in my body. I have been given the opportunity to review the Grand County Drug Free Workplace Policies. I understand that I must successfully pass a drug test as a condition precedent to my employment/volunteer position. Furthermore, I understand that while I am employed/volunteering at Grand County I may be subject to drug testing as specified by policy.

I hereby acknowledge and agree that my employment/volunteering is conditional upon successfully passing the drug test. I agree to report for a drug test to the testing site specified to me within 24 hours of notification. I understand and agree that if I do not successfully complete the drug test within 24 hours of receiving notice that I may lose the position that has been conditionally offered to me. I further agree to authorize the release of the results of these tests to Grand County. This release will expire six months from the date signed below.

Signature Date

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

Position Applied for		Date of Application
Last Name	First Name	Middle Name
Mailing address	Physical Address	City, State, Zip Code
Telephone Numbers		
Home	Cell	Other
Social Security Number	Driver's License Number and State Issued In	

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

List any relatives presently employed by Grand County, their department, and position.

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 of the basic functions of the job within reason?
 Yes No If no, please explain any reasonable accommodations that you may need to perform the basic job duties of the position for which you are applying

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

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High School / GED City / State	Year Graduated	Diploma	GED

University, Community, Business or Technical College and city\state	Date Attended	Official Major	Degree Yes/No	Type Degree

Trade School, Correspondence Course or Apprenticeship and city/state	Date 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.

Extra-curricular activities:

Please check or list skills, computer programs and equipment operated:

PC 10 key CAD _____

Spreadsheet Word Processing _____

Database Desktop Publishing _____

Other _____

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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.

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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	
		Start:
		Finish:
Reason for Leaving	Supervisor's Name	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	
		Start:
		Finish:
Reason for Leaving	Supervisor's Name	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	
		Start:
		Finish:
Reason for Leaving	Supervisor's Name	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	
		Start:
		Finish:
Reason for Leaving	Supervisor's Name	Title

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

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PROFESSIONAL

1. Name	Address	Telephone Number
2. Name	Address	Telephone Number
3. Name	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 in law enforcement or for a position in which fiduciary trust is involved, 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

**GRAND COUNTY SHERIFF'S OFFICE
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WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I have made application for a position with the Grand 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 for denial of position with the Grand County Sheriff's Office.

I hereby give to the Grand County Sheriff's Office, and its duly authorized representatives the authority to conduct a comprehensive investigation of my background, including by not limited to oral discussions with any persons concerning my background. I also authorize full disclosure to Grand 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 necessarily limited to the records of present and past employers, educational and financial institutions, commercial establishments, public utility companies, medical and psychiatric agencies; including hospitals, clinics, private practitioners, the U.S. Veterans Administration and military facilities.

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

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

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

Applicant's Signature

Date

STATE OF)
)ss.
COUNTY OF)

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

Notary Public's Signature

**GRAND COUNTY SHERIFF'S OFFICE
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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 applicant for any position within the organization.

1.

- a) **Has your use of alcohol ever caused problems with your job, your family or your associates?**
 Yes No If yes, provide details:

- b) **Are you now or have you EVER participated in a supervised alcohol rehabilitation program?**
 Yes No

If yes, give name and address of program:

Name: _____ Address _____

City, State and ZIP Code _____ Phone (____) _____

2.

- a) **Has your use of prescription drugs EVER caused problems with your job, your family or your associates?** Yes No If yes, please provide details:

- b) **Are you now or have you ever participated in a supervised drug rehabilitation program?**
 Yes No

If yes, give name and address of program:

Name: _____ Address _____

City, State and ZIP Code _____ Phone (____) _____

- c) **List and explain in detail ANY and ALL illegal drug use throughout your lifetime. (Attach additional sheet if necessary)**

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c) Indicate by marking any of the following drugs used illegally within the last FIVE years:

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

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

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

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3.

- a) Have you EVER been judged mentally incompetent or insane by a court of law? Yes No
- b) Have you EVER been confined to a mental institution or hospital psychiatric ward? Yes No
- c) Have you EVER been treated for Depression? Yes No
- d) Have you EVER attempted suicide or had suicidal tendencies? Yes No

***** IF YOU HAVE ANSWERED 'YES' TO ANY OF THE QUESTIONS (3 A-D), PLEASE ATTACH A DETAILED EXPLANATION*****

4.

IF YOU HAVE NOT BEEN EMPLOYED BY LAW ENFORCEMENT, CORRECTIONS, OR DISPATCH AGENCY IN THE PAST, DO NOT ANSWER 'a THROUGH h.'

- a) Have you EVER been the subject of a disciplinary action in a law enforcement, correction or dispatch agency? Yes No
- b) Have you EVER been allowed to resign from a law enforcement, corrections or dispatch employer under adverse conditions which could have led to a disciplinary action or dismissal by the agency? Yes No
- c) Have you EVER been fired from a law enforcement, corrections, or dispatch agency? Yes No
- d) Have you EVER been found guilty of "Gross Negligence" in an administrative hearing or court of law? Yes No
- e) Have you been investigated or disciplined for excessive use of force? Yes No
- f) Have you EVER been investigated or disciplined for tampering with evidence? Yes No
- g) Have you EVER been investigated or disciplined for perjuring testimony in an administrative hearing or a court of law? Yes No
- h) Have you EVER been investigated or disciplined for theft of property in an administrative hearing or court of law? Yes No

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

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. 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 of paper and enclosed with this application.

Include Juvenile Offenses

5.

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

If **yes**, 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. **PLEASE INDICATE STATUS BELOW:**

Conviction Plead to lesser offense Expungement Pardon Acquitted Dismissed Dismissed with Prejudice Treated in other similar manner Diversion Agreement Plea in Abeyance

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

If **yes**, 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. **PLEASE INDICATE STATUS BELOW:**

Conviction Plead to lesser offense Expungement Pardon Acquitted Dismissed Dismissed with Prejudice Treated in other similar manner Diversion Agreement Plea in Abeyance

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

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

If **yes**, 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. **PLEASE INDICATE STATUS BELOW:**

Conviction Plead to lesser offense Expungement Pardon Acquitted Dismissed Dismissed with Prejudice Treated in other similar manner Diversion Agreement Plea in Abeyance

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

If **yes**, 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. **PLEASE INDICATE STATUS BELOW:**

Conviction Plead to lesser offense Expungement Pardon Acquitted Dismissed Dismissed with Prejudice Treated in other similar manner Diversion Agreement Plea in Abeyance

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

If **yes**, 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. **PLEASE INDICATE STATUS BELOW:**

Conviction Plead to lesser offense Expungement Pardon Acquitted Dismissed Dismissed with Prejudice Treated in other similar manner Diversion Agreement Plea in Abeyance

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

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

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

If **yes**, 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. **PLEASE INDICATE STATUS BELOW:**

Conviction Plead to lesser offense Expungement Pardon Acquitted Dismissed Dismissed with Prejudice Treated in other similar manner Diversion Agreement Plea in Abeyance

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

h) Do you have any criminal or civil complaints pending against you at this time? Yes No

If **yes**, list the nature of the offense or complaint, jurisdiction or agency of arrest, and date of the offence on an additional sheet of paper and attach it to the application.

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? Yes No

If **yes**, list the nature of the offense or complaint, jurisdiction or agency of arrest, and date of the offence on an additional sheet of paper and attach it to the application.

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? Yes No

If **yes**, Explain the name of the group, gang or organization, purpose of the group, gang or organization, indicate when you became a member or associated with the group and your current status with the group, gang or organization. (Use a separate sheet and attach it to the application.)

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? Yes No

If **yes**, Explain the name of the group, gang or organization, purpose of the group, gang or organization, indicate when you became a member or associated with the group and your current status with the group, gang or organization. (Use a separate sheet and attach it to the application.)

8. Have you EVER been terminated from any employer, forced to resign, or resigned pending termination? Yes No

**GRAND COUNTY SHERIFF'S OFFICE
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**Legal Requirements for Admission into
Utah Peace Officer Standards and Training Academy P.O.S.T Academy**

Utah Code Ann. § 53-6-203 outlines the requirements for admission to basic law enforcement training programs.

- (a) The applicant shall be a United States citizen.
- (b) The applicant shall be at least 21 years old at the time of appointment as a peace officer.
- (c) A criminal history background check of local, state, and national criminal history files shall be searched to determine if the applicant has a criminal record.
- (d) The applicant may not have 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) Conviction of any offense, not serious enough to be subject to (d) above, involving dishonesty, unlawful sexual conduct, physical violence, or the unlawful use, sale, or possession for sale of a controlled substance is an indication that an applicant may not be of good moral character and may be grounds for denial of admission to a training program or refusal to take a certification examination.

- (i) Notwithstanding Utah Code Ann. § 77-18, regarding Expungements, or a similar statute or rule of any other jurisdiction, any conviction obtained in this state or other jurisdiction may be considered for purposes of this section.
- (ii) In this section, "conviction" includes a conviction which has been expunged, dismissed, or treated in a similar manner to either of these procedures.
- (iii) This provision applies to convictions entered both before and after the effective date of this section.

- (f) The applicant shall be a high school graduate or shall furnish evidence of successful completion of an examination indicating an equivalent achievement.
- (g) The applicant shall demonstrate good moral character, as determined by a background investigation, which may include consideration of offenses expunged under Utah Code Ann. § 77-18.
- (h) The applicant shall be free of any physical, emotional, or mental conditions that might affect adversely the performance of duty as a peace officer, as determined through a selection process by the employing agency.

NOTE!

Utah Peace Officer Standards and Training Academy (P.O.S.T.) Policy and Procedures address convictions or involvement in criminal offenses.

1. If the applicant has been convicted of a felony, they will not be accepted into law enforcement training.
2. If applicant's conviction or involvement is for a misdemeanor, they may not be accepted. However, Utah Peace Officer Standards and Training Academy (P.O.S.T.) will examine individual records once the applicant furnishes all documentation including police reports, court dockets and a detailed written letter of explanation from the applicant on the circumstances of the arrest.
3. This documentation will only be considered after the appropriate waiting period.
4. The waiting period is four years from the date of conviction or involvement for crimes of dishonesty, unlawful sexual conduct or physical violence. The use, conviction or possession of unlawful controlled substances requires a two or five year wait depending on the type of substances that were involved.
5. If after reviewing Utah Code Ann. § 53-6-203 applicants find they do not meet one or more of the requirements, do not proceed with this application. Applicants with questions as to whether or not they meet the Utah Peace Officer Standards and Training Academy (P.O.S.T.) requirements should contact the Bureau Chief over Basic Training before proceeding.

**Utah Peace Officer Standards And Training Academy
410 West 9800 South - Sandy , Utah 84070
Tel: 801-256-2300 - Fax: 801-256-0600**

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

Signed

Date

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

UTAH PEACE OFFICER STANDARDS AND TRAINING ACADEMY (POST)
PRE-ENTRANCE EXAM SITES

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.** Below are the approved testing sites:

BRIDGERLAND APPLIED TECHNOLOGY CENTER

Monica Thompson
1301 North 600 West Logan, UT 84321
Phone: (435) 750-3188
Fax: (435) 750-3046
Testing: April - October -Contact Monica for specific dates and an appointment for testing.

COLLEGE OF EASTERN UTAH TESTING CENTER

Jeanette Parker
451 East 400 North Price, UT 84501
Phone: (435) 637-2120 Ext. 5325
Fax: (435) 613-5112
Testing: 2nd Tuesday and 4th Thursday at 1:00 p.m. by appointment.

COLLEGE OF EASTERN UTAH - SAN JUAN CAMPUS

Ms. Shirley Clarke
639 West 100 South Blanding, UT 84511
Phone: (435) 678-2201 Ext. 171
Fax: (435) 678-2220
Call for dates and appointment for testing.

DAVIS APPLIED TECHNOLOGY CENTER

Julie Wood, Assessment Technician
Marie Sherwood, Assessment Clerk
550 East 300 South Kaysville, UT 84037
Phone: (801) 593-2361 or 593-2336
Testing: Monday 7:45 to 2:30, Tuesday 7:45 to 4:30 & Thursday 7:45 to 11:30
Contact front desk for scheduling.
Fee \$30 Requires Picture I.D. is REQUIRED

DIXIE STATE COLLEGE TESTING CENTER

Jim Cox
225 South 700 East (BRN 210) St. George, UT 84770
Phone: (435) 652-7692
Fax: (435) 656-4016
Testing: Tuesdays 5:00 p.m. by appointment only Fee \$27

SALT LAKE COMMUNITY COLLEGE SKILL CENTER

Kevin Miller
1575 South State Street Room W-124 Salt Lake City, UT 84115
Phone: (801) 957-3257

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

Fax: (801) 957-3315

Testing: By appointment.

SOUTHERN UTAH UNIVERSITY

Blaine Edwards Student Development Center
351 West Center ST 169 Cedar City, UT 84720
Phone: (435) 586-5419
Fax: (435) 865-8055 By appointment.

UINTAH BASIN APPLIED TECHNOLOGY CENTER

Wayne Embelton
1100 E Lagoon Street (124-5) Roosevelt, UT 84066
Phone: (435) 722-4523
Fax: (435) 722-5804
Testing: Contact testing center for appointment.
Open every day from 8:00 a.m. to 5:00 p.m. Monday thru Friday.

UTAH VALLEY STATE COLLEGE

Phone: (801) 863-8269
Fax: (801) 764-7076
Call for appointment to test.
<http://www.uvsc.edu/testingservices/tests.html>

WEBER STATE UNIVERSITY TESTING CENTER

1112 University Circle Ogden, UT 84408-1112
Phone: (801) 626-6803
Fax: (801) 626-7812
Testing: Daily - Monday - Thursday 8:00am - 9:00pm arrive by 6:00pm
Friday 8:00am - 5:30pm arrive by 3:30pm;
Saturday 9:00am-4:00pm arrive by 1:30