



WASATCH COUNTY SHERIFF'S OFFICE

Application for Deputy Sheriff, Corrections Officer, Temporary Reserve Deputy and 911 Dispatcher

PERSONAL INFORMATION (Please print or type)

FIRST NAME		MIDDLE NAME		LAST NAME	
MAILING ADDRESS					
CONTACT PHONE			EMAIL ADDRESS		
SOCIAL SECURITY NUMBER		DATE OF BIRTH		DESIRED SALARY - (annual or hourly)	

POSITION APPLIED FOR: ___ Deputy Sheriff ___ Corrections Officer ___ Temporary Reserve Officer ___ 911 Dispatcher

Designate all positions for which you are applying. Descriptions of these positions and the hiring procedure are available at www.wasatch.utah.gov/employment or the Wasatch County Personnel Office.

MINIMUM QUALIFICATIONS

By submitting this application, I am certifying that:

1	I am a citizen of the United States,
2	I will be 20 years or older at the time of the written test and will be 21 years or older at the time of hiring,
3	I have a valid driver's license,
4	I have a high school degree or GED certification,
5	I have passed the NPOST test and submitted a certificate of completion with this application,
6	I have not been convicted of a felony,
7	I am not prohibited from possessing a firearm under any state or federal law, and
8	If my overall score is among the top three, I consent to a background check, a physical examination and a psychological examination administered at the Department's expense.

EMPLOYMENT HISTORY (Include last 10 years or to your 16th birthday)

COMPANY NAME	JOB TITLE	START DATE	END DATE
LOCATION	SUPERVISOR	PHONE NUMBER	START SALARY
RESPONSIBILITIES			
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER OR YOUR SUPERVISOR. IF NOT, PLEASE EXPLAIN:		

COMPANY NAME	JOB TITLE	START DATE	END DATE
LOCATION	SUPERVISOR	PHONE NUMBER	START SALARY
RESPONSIBILITIES			
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER OR YOUR SUPERVISOR. IF NOT, PLEASE EXPLAIN:		

COMPANY NAME	JOB TITLE	START DATE	END DATE
LOCATION	SUPERVISOR	PHONE NUMBER	START SALARY
RESPONSIBILITIES			
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER OR YOUR SUPERVISOR. IF NOT, PLEASE EXPLAIN:		

COMPANY NAME		JOB TITLE		START DATE	END DATE
LOCATION		SUPERVISOR	PHONE NUMBER	START SALARY	END SALARY
RESPONSIBILITIES					
REASON FOR LEAVING			MAY WE CONTACT THIS EMPLOYER OR YOUR SUPERVISOR. IF NOT, PLEASE EXPLAIN:		
Attach additional sheets if necessary to include ten years of prior employment or to your 16th birthday.					
EDUCATIONAL BACKGROUND (To qualify for education preference points, you must provide official transcripts)					
HIGH SCHOOL		DIPLOMA ___ YES ___ NO		GPA _____	
COLLEGE OR UNIVERSITY	YEARS COMPLETED	COURSE OF STUDY	DEGREE	GPA _____	
COLLEGE OR UNIVERSITY	YEARS COMPLETED	COURSE OF STUDY	DEGREE	GPA _____	
COLLEGE OR UNIVERSITY	YEARS COMPLETED	COURSE OF STUDY	DEGREE	GPA _____	
OTHER					
CERTIFICATIONS AND LICENSES				NPOST TEST SCORE	
MILITARY SERVICE (To qualify for veteran preference points, you must provide a DD-214 or other documentary proof of service)					
Have you served in the Armed Forces of the United States? ___ Yes ___ No					
If yes, which Branch?		Dates of Service: From _____ to _____			
Highest rank held:		Type of Duty:			
Type of discharge:		Military serial number:			
Do you have a reserve obligation?		Selective service number:			
Do you claim a veteran's preference under Utah Code Ann. §71-10-2? ___ Yes ___ No					
If yes, attach any additional information that shows you qualify for the preference.					
<p>I hereby authorize Wasatch County, in considering my application, to contact my references and prior or current employers and supervisors and further authorize my prior or current employers/supervisors or references to give and release to Wasatch County all information of whatever kind, whether in written or oral form, which relates to my prior work performance, character, and/or ability to perform the duties of any POST certified position. This authorization does not apply to current or prior employers that I have indicated in this application are not to be contacted. I further authorize Wasatch County, in considering my application, to check my criminal record.</p> <p>I release Wasatch County and any other entity providing or gathering information in connection with my application from any and all liability for the release or use of this information in considering and reviewing my application for any POST certified position.</p> <p>I certify that the information provided in this application or in support of this application is true and complete to the best of my knowledge and contains no misrepresentations or falsifications. I understand that, if I submit false or incomplete information, it may result in the rejection of my application or termination from employment. I understand that I will be required to pre-employment, reasonable suspicion, post-accident, follow-up, and random drug testing for the illegal use of controlled substances.</p>					
SIGNATURE				DATE	