

List of Items Needed For Background:

- DD-214 long form (If prior military), along with completed Vet Preference Form for LCSO located at: <http://www.linnsheriff.org/veteranpreferenceform.pdf>
- Birth Certificate or Passport
- Driver License
- Social Security Card
- High School Diploma
- College Diploma
- High School Un-Official Transcripts (if available)
- College Un-Official Transcripts
- Specific job skills certificates (RN Certificate, DPSST Certificate, Journeyman licenses, trade certificates, etc)
- Any letters of reference, certificates, past job evaluations or awards you wish to include.

Additional Information to provide:

Preferred Name: _____

Cell Phone #: _____

Cell phone type: _____

Cell phone carrier: _____

Personal Email address: _____

LINN COUNTY SHERIFF'S OFFICE
AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Last Name _____ First _____ MI _____
Present Address _____
Phone Number _____ SSN _____
Birth Date _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Linn County Sheriff's Office. The Linn County Sheriff's Office needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Linn County Sheriff's Office.

I hereby authorize any representative of the Linn County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. 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 Linn County Sheriff's Office, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. 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 that may provide pertinent data for the Linn County Sheriff's Office. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Linn County Sheriff's Office, regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information, pursuant to this release, will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Linn County Sheriff's Office acceptance and processing of my application for employment, I agree to hold the Linn County Sheriff's Office, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Linn County Sheriff's Office. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I authorize the Linn County Sheriff's Office to access my credit history report through a consumer reporting agency of its choice.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Linn County Sheriff's Office in conjunction with employment procedures.

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

This waiver is valid for a period of three (3) years from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

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.

Signature _____ DATE _____

**LINN COUNTY SHERIFF'S OFFICE
AUTHORIZATION TO ACCESS CREDIT HISTORY REPORT**

FULL NAME _____

ADDRESS _____

BIRTH DATE _____ SSN _____

By signing this authorization to access credit history report I give my consent for consumer reporting agencies to give out my financial information to the Linn County Sheriff's Office. By signing this document I am acknowledging that I understand the following:

1. The Linn County Sheriff's Office will access my credit history report through Equifax Information Services LLC.
2. Information contained in my credit history report will be considered in my overall viability as a candidate for employment at the Linn County Sheriff's Office
3. The Linn County Sheriff's Office is not responsible for any false, erroneous or inaccurate information contained in my credit history report
4. I may contact the following regarding information contained in my credit history report:

Equifax Information Services
PO Box 740241
Atlanta, GA 30374-0241
800-685-1111

SIGNATURE _____

DATE _____



LINN COUNTY SHERIFF'S OFFICE

Statement of Personal History Instructions (SPH)

Statement of Personal History (SPH) Instructions

Completing the Statement of Personal History is time-consuming and requires information and records you may need to locate in order to fill out the form properly. **DO NOT DELAY STARTING THE SPH.**

You must read these instructions carefully. Your ability to follow instructions accurately and meet required timelines is part of the application process. Please note that all forms covered in these instructions are your responsibility. **FAILURE TO FOLLOW THE INSTRUCTIONS REGARDING THE COMPLETION OF THE SPH AND ACCOMPANYING FORMS WILL CAUSE DISQUALIFICATION FROM THE SELECTION PROCESS WITH THE SHERIFF'S OFFICE.**

This packet contains 5 documents:

1. These instructions (which should NOT be turned in with the remaining forms);
2. One (1) page Background Consent/Understanding form;
3. One (1) page PREA verification form;
4. One (1) page Authorization to Release Information and Waiver of Liability form; and
5. Fifteen (15) page Statement of Personal History (SPH) form.

ALL FOUR FORMS:

You may fill out the forms by hand in ink (clear, legible handwriting is strongly suggested), or in Word or Adobe PDF. We recommend you save and/or photocopy the COMPLETED forms and maintain the copies for your reference. Forms WILL NOT be returned to you at any time.

BACKGROUND CONSENT/UNDERSTANDING form:

Sign and date the Authorization to Release Information and Waiver of Liability;

PREA verification form:

Mark the answer to each question with an "X"; Legibly print your full name and position you are applying for; and sign and date the form.

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER OF LIABILITY form:

Legibly print your full name in the first line of the form AND in the first line of the **bolded paragraph**; Legibly print the job title as listed on the job announcement in the two spaces provided on the form; *legibly print* your full name and date the form.

STATEMENT OF PERSONAL HISTORY form:

Answer all questions completely, accurately and candidly; Complete this form **in its entirety**; If you need additional space for an answer, add a supplemental sheet to the back of the SPH and identify the information you are continuing by using the block number (i.e. "2E. Motor Vehicle Record"); If a space on the

form does not apply, write “**N/A**” in EACH SPACE THAT DOES NOT APPLY; **DO NOT LEAVE ANY SPACES BLANK.**

All questions must be answered completely and accurately. All statements in your Statement of Personal History packet and statements made during interviews are subject to verification. When in doubt as to the necessity of listing information, it is recommended that the information be listed to preclude further questions regarding omissions from this form.

If you have been terminated from employment, have a criminal record, or other derogatory aspects of your life, these items, in themselves, may not keep you from being accepted, if you truthfully disclose the information. ***However, the intentional omission or falsification of any item will cause your application to be rejected.***

For this reason, we encourage you to be candid as you respond to this questionnaire and to subsequent inquiries by the Linn County Sheriff’s Office. If you do not have complete recall of an incident, include everything you can remember.

You increase your chances of gaining employment at the Sheriff’s Office by answering all questions completely and accurately. Be sure to include the zip codes of every address entered. Make sure all information is current and up to date.

The information contained in your Statement of Personal History (SPH) and all the information supplied by you for the application process will be treated as confidential to the extent permitted by Oregon Law and is to be utilized for the purpose of enabling the Linn County Sheriff’s Office to determine your qualifications and to assist in the hiring decision. ***The Statement of Personal History (SPH), all submitted documents and reports in the background investigation are the property of the Linn County Sheriff’s Office*** and will not be returned to you.

Once the Background Consent/Understanding form, the PREA verification form, the Authorization to Release Information and Waiver of Liability form and the Statement of Personal History (SPH) form are completed, make a copy for your records and contact the following person to make an appointment to hand-deliver the originals:

Service Aide Kori Goff
Linn County Sheriff’s Office
Hiring and Recruiting
(541) 917-6658
kgoff@linnsheiff.org

PREA VERIFICATION (28 CFR § 115.17)

United States Code of Federal Regulations requires the Linn County Sheriff's Office to ensure we comply with the criteria set forth in the Prison Rape Elimination Act (PREA).

As an applicant for a position that may have contact with inmates, we must document your answers to the following questions:

1) Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C.1997)?

_____ Yes

_____ No

2) Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

_____ Yes

_____ No

3) Have you been civilly or administratively adjudicated to have engaged in the activity described above in question number two?

_____ Yes

_____ No

Printed Name

Position Applied For

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER OF LIABILITY

TO WHOM IT MAY CONCERN:

I, _____, am an applicant for the position of _____
PRINT NAME **PRINT POSITION TITLE**

with the Linn County Sheriff's Office. The Linn County Sheriff's Office mandates the completion of a comprehensive background investigation to determine if I possess the requisite qualifications and fitness to serve in this capacity.

I hereby authorize and direct you, your organization, its officers, agents, assigns and employees to release all records, or any part thereof, concerning myself, by and to **ANY** duly authorized agent of the Linn County Sheriff's Office, whether the said records are of public, private or confidential nature for the purposes of evaluating me for suitability of employment as a _____ with the Linn County Sheriff's Office.

PRINT POSITION TITLE

This includes, but is not limited to: employment information, official employment documents, employment performance data, internal investigations, discipline, and including information which may as a result of agreement between the undersigned and your organization, have been sealed; character reference information, background investigations, educational records and transcripts, credit and financial records and local criminal history information pursuant to State Law.

I, _____, agree to indemnify and hold harmless the person to
PRINT NAME

whom this request is presented and their agents and employees, from and against all claims arising out of or by reason of complying with this request. A photocopy of this release form will be valid as an original. I have specifically waived any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will remain completely confidential. I understand that all materials pertaining to this background investigation become the property of the Linn County Sheriff's Office and will not be returned to me. You may retain a copy of this form for your files.

For applicants with military service only:

I also hereby authorize the release of my Military Service Records (including medical, physical and mental records and reports) to the Linn County Sheriff's Office in Albany, Oregon.

My Service Number is: _____

APPLICANT SIGNATURE

APPLICANT PRINTED NAME

DATE

Subscribed and sworn to before me on
This _____ day of _____, _____

Notary Public for the State of Oregon

My commission expires on: _____

Oregon Revised Statute 30.178 states: "An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by a preponderance of the evidence, is immune from civil liability for such disclosure or its consequences. For purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the employer was knowingly false or deliberately misleading, was rendered with malicious purpose or violated any civil right of the former employee protected under ORS Chapter 659 or 659A."



LINN COUNTY SHERIFF'S OFFICE

Statement of Personal History (SPH)

The information furnished on this application form is confidential and is to be utilized for the purposes of enabling the Linn County Sheriff's Office to determine the applicant's qualifications.

This form may be completed in typed format, or may be **hand printed** clearly in **blue or black ink**. All questions must be answered completely, accurately and candidly. All statements in this questionnaire are subject to verification.

- If space provided is inadequate, add a supplemental sheet to the back of this form and identify information by block number. Supplemental answers may be typed
- If an item does not apply, enter "N/A"
- **DO NOT LEAVE ANY SPACES BLANK**
- **DO NOT** staple or put this application or additional paperwork in a binder

You **increase** your chances of gaining employment at the Linn County Sheriff's Office by answering all questions completely, accurately and candidly.

If you have been terminated from employment, have a criminal record or other unfavorable matter, those matters alone may not keep you from being accepted. However, **the intentional omission, falsification or failure to disclose any matter will be a basis to reject your application.**

Furthermore, you are advised to be candid as you respond to this questionnaire and subsequent inquiries by the Linn County Sheriff's Office. Both **full disclosure and complete truthfulness are required. Full disclosure means all of the information available in the matter, including but not limited to the name and contact information for each person involved, what each person would say about the matter and all reports or other documentation related to that matter. Failure to provide information in this manner may be a basis to reject your application.** Be prepared to discuss all matters covered in the SPH with the background investigator during a taped interview.

POSITION:

DATE:

NAME: <i>First</i>	<i>Middle</i>	<i>Last</i>	SOCIAL SECURITY NUMBER
HOME PHONE NUMBER	DPSST NUMBER OR OTHER POLICE CERTIFICATION#:	CERTIFICATION STATE	DATE OF BIRTH
Cell Phone	Pager	Message Phone	Email address
RESIDENCE: <i>Number & Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
MAILING ADDRESS: <i>Number & Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	Driver's License #:	STATE	PLACE OF BIRTH
--------	--------	-----------	------------	---------------------	-------	----------------

1. PERSONAL

List any other name that you have used or by which you have been known. Fully explain why it was used, where and when. Include nicknames and maiden name:					
1.			2.		
3.			4.		
IF NATURALIZED:	DATE	PLACE	COURT OF NATURALIZATION	US CITIZEN?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
A. Can you perform the essential functions of this position as outlined in the job announcement, with or without reasonable accommodation?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. Have you ever been contacted by law enforcement, named as a suspect, charged or arrested for a crime? <i>If yes, explain fully on a supplemental page.</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
C. Are there any issues, incidents, events, etc. in your life that may reflect upon your suitability to perform the duties for the position for which you are applying; or, are there any issues, incidents, events, etc. in your life that require further explanation? <i>If yes, explain fully on a supplemental page.</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Have you ever been named in a police report for anything? <i>If yes, list every contact you have ever had with a police officer, campus security or other law enforcement officer on a supplemental</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
E. Have you ever been named in or been a party to a restraining order or stalking order? <i>If yes, explain fully on a supplemental page.</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
F. Have you ever been a defendant, a petitioner or a witness in a lawsuit? <i>If yes, explain fully on a supplemental page.</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
G. Are there any current or pending civil actions against you? <i>If yes, explain fully on a supplemental page.</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
H. Have you ever used an illegal drug (to include marijuana)? <i>If yes, explain below (use additional page(s) if necessary).</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
WHAT DRUG	HOW MANY TIMES		LAST USE		
WHAT DRUG	HOW MANY TIMES		LAST USE		
WHAT DRUG	HOW MANY TIMES		LAST USE		

2. MOTOR VEHICLE RECORD

A. Do you have a license to operate a motor vehicle? <i>List all states in which you have been licensed.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Do you have an instructional permit? <i>If yes, which state?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Is your driver's license currently valid? <i>If no, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Has your driver's license ever been suspended or revoked? <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Have you ever been convicted of or paid fines for any traffic violations, except parking ordinances? <i>If yes, explain fully all information on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F. Have you ever failed to appear for any court appearance either traffic or criminal related? <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. WEAPON PERMIT

A. Have you ever applied for a concealed weapon permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Did you receive the concealed weapon permit? <i>If no, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LAW ENFORCEMENT AGENCY	PERMIT NUMBER
ADDRESS: <i>Number & Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>	DATE OF ISSUE
C. Have you ever had your permit revoked? <i>If yes, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Can you legally possess a firearm? <i>If no, explain fully on a supplemental page.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. MARITAL STATUS

CURRENT STATUS: ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐ SINGLE ☐ SIGNIFICANT OTHER

FULL NAME OF CURRENT SPOUSE/SIGNIFICANT OTHER/FIANCE(E)				
DATE OF MARRIAGE	WHERE PERFORMED	SPOUSE'S DATE OF BIRTH	SPOUSE'S MAIDEN NAME	
SPOUSE'S EMPLOYER NAME		ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>	PHONE NUMBER	
1. FORMER SPOUSE'S CURRENT NAME			1. FORMER SPOUSE'S MAIDEN NAME	
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			PHONE NUMBER	EMAIL ADDRESS
DATE OF BIRTH	DATE MARRIED	WHERE PERFORMED	DATE DIVORCED/SEPARATED	WHERE FILED
1. FORMER SPOUSE'S CURRENT NAME			2. FORMER SPOUSE'S MAIDEN NAME	
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			PHONE NUMBER	EMAIL ADDRESS
DATE OF BIRTH	DATE MARRIED	WHERE PERFORMED	DATE DIVORCED/SEPARATED	WHERE FILED

Please reference any additional information on a supplemental page.

5. RELATIVES

List the full names of **APPLICANT'S** parents or guardians, brothers and/or sisters as indicated:

FATHER / GUARDIAN		DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		PHONE NUMBER
EMAIL ADDRESS		
MOTHER / GUARDIAN		DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		PHONE NUMBER
EMAIL ADDRESS		
1. BROTHER / SISTER		DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		PHONE NUMBER
EMAIL ADDRESS		
2. BROTHER / SISTER		DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		PHONE NUMBER
EMAIL ADDRESS		
3. BROTHER / SISTER		DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		PHONE NUMBER
EMAIL ADDRESS		

4. BROTHER / SISTER	DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>	PHONE NUMBER
EMAIL ADDRESS	

5. RELATIVES (Continued)

List the full names of **SPOUSE/SIGNIFICANT OTHER/FIANCE(E)'S** parents or guardians, brothers and/or sisters as indicated:

FATHER / GUARDIAN	DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>	PHONE NUMBER
EMAIL ADDRESS	
MOTHER / GUARDIAN	DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>	PHONE NUMBER
EMAIL ADDRESS	
1. BROTHER / SISTER	DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>	PHONE NUMBER
EMAIL ADDRESS	
2. BROTHER / SISTER	DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>	PHONE NUMBER
EMAIL ADDRESS	
3. BROTHER / SISTER	DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>	PHONE NUMBER
EMAIL ADDRESS	
4. BROTHER / SISTER	DATE OF BIRTH
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>	PHONE NUMBER
EMAIL ADDRESS	

List the full names of all children:

1. NAME	DATE OF BIRTH	2. NAME	DATE OF BIRTH
3. NAME	DATE OF BIRTH	4. NAME	DATE OF BIRTH

List all persons with whom you currently reside:

1. NAME	DATE OF BIRTH	4. NAME	DATE OF BIRTH
RELATIONSHIP	EMAIL ADDRESS	RELATIONSHIP	EMAIL ADDRESS
2. NAME	DATE OF BIRTH	5. NAME	DATE OF BIRTH
RELATIONSHIP	EMAIL ADDRESS	RELATIONSHIP	EMAIL ADDRESS
3. NAME	DATE OF BIRTH	6. NAME	DATE OF BIRTH

RELATIONSHIP	EMAIL ADDRESS	RELATIONSHIP	EMAIL ADDRESS
--------------	---------------	--------------	---------------

Has any relative of yours, or your current or former spouse, or anyone previously or currently living with you, or anyone you are currently or were previously associated with ever been convicted of a felony under the laws of any state or federal law? *If yes, explain fully on a supplemental page. List the city/county/state or other identifying data of where these convictions happened. Also list the dates.* Yes ☐ No ☐

6. RESIDENCES

List all residences for the last ten (10) years. List present address first. Include all military stations. Use supplemental page(s) if necessary.

1. ADDRESS: Street City State Zip Code			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>	
IF RENTED: Landlord Name/Property Management Company & Address		Phone Number	
List all the persons with whom you resided at this location.			
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
2. ADDRESS: Street City State Zip Code			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>	
IF RENTED: Landlord Name/Property Management Company & Address		Phone Number	
List all the persons with whom you resided at this location.			
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
3. ADDRESS: Street City State Zip Code			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>	
IF RENTED: Landlord Name/Property Management Company & Address		Phone Number	
List all the persons with whom you resided at this location.			
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
4. ADDRESS: Street City State Zip Code			
COUNTY	DATES FROM / TO	OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>	
IF RENTED: Landlord Name/Property Management Company & Address		Phone Number	
List all the persons with whom you resided at this location.			

NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS

6. RESIDENCES (Continued)

5. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO		OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>
IF RENTED: <i>Landlord Name/Property Management Company & Address</i>		<i>Phone Number</i>	
List all the persons with whom you resided at this location.			
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
6. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO		OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>
IF RENTED: <i>Landlord Name/Property Management Company & Address</i>		<i>Phone Number</i>	
List all the persons with whom you resided at this location.			
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
7. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO		OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>
IF RENTED: <i>Landlord Name/Property Management Company & Address</i>		<i>Phone Number</i>	
List all the persons with whom you resided at this location.			
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
8. ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			
COUNTY	DATES FROM / TO		OWNED <input type="checkbox"/> RENTED <input type="checkbox"/>
IF RENTED: <i>Landlord Name/Property Management Company & Address</i>		<i>Phone Number</i>	
List all the persons with whom you resided at this location.			
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS

NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS

Please reference any additional information on a supplemental page.

7. CREDIT RECORD

A. The management of personal finances is relevant to an individual's qualifications for all Law Enforcement positions. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligation. The Linn County Sheriff's Office will check credit report(s) of applicants for Sworn positions (Deputy Sheriff) as allowed by Oregon Revised Statute 659A. Be complete and accurate.			
B. Have you ever been refused credit? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Have you ever had any debt turned over to a collections agency? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Have you ever had purchased goods repossessed? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Have your wages ever been garnished? <i>If yes, explain fully on a supplemental page.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Are you purchasing your residence?			Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Do you rent?			Yes <input type="checkbox"/> No <input type="checkbox"/>
LANDLORD'S NAME		ADDRESS: <i>Street City State Zip Code</i>	
		PHONE NUMBER	
Mortgage / Rent <i>(Circle one that applies)</i>	PAYMENT	BALANCE OWING	MORTGAGE COMPANY: <i>Street City State Zip Code</i>
H. List total monthly payments:			
Household expenses (rent or payment, utilities)			\$
Charge Accounts			\$
Finance company(s)			\$
Doctors and/or dentists			\$
Vehicles, boats, or other equipment			\$
Miscellaneous (child support, etc)			\$
Banks or credit unions			\$
I. List all outstanding indebtedness. <i>Use supplemental page if necessary.</i>			
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>	PRESENT BALANCE
			\$
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>	PRESENT BALANCE
			\$
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>	PRESENT BALANCE
			\$
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>	PRESENT BALANCE
			\$
NAME OF COMPANY		<i>Address / City / State / Zip Code</i>	PRESENT BALANCE
			\$

NAME OF COMPANY	Address / City / State / Zip Code	PRESENT BALANCE \$
NAME OF COMPANY	Address / City / State / Zip Code	PRESENT BALANCE \$
Total financial obligation:		\$

8. EDUCATION

A. Are you a high school graduate? Have you obtained a GED?		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
B. Highest grade you completed (K-16):						
C. List all schools, including civilian and military schools starting from the most current:						
Name / City & State of School:	Dates of Attendance	GRADUATED		Major	Degree	Credits/ Hours
		Yes	No			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
D. List all licenses and certifications and the issuing state:						
1. Type of Certificate	Title	Certificate/Registration #		State Issued		
2. Type of Certificate	Title	Certificate/Registration #		State Issued		
3. Type of Certificate	Title	Certificate/Registration #		State Issued		
4. Type of Certificate	Title	Certificate/Registration #		State Issued		
5. Type of Certificate	Title	Certificate/Registration #		State Issued		
6. Type of Certificate	Title	Certificate/Registration #		State Issued		
E. Have you ever been denied a license for which you applied? <i>If yes, list reason and date(s) on supplemental page.</i>						
						Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Have you ever had your professional license suspended, revoked, censured, or placed on probation for any reason? <i>If yes, list reason and date(s) on supplemental page.</i>						
						Yes <input type="checkbox"/> No <input type="checkbox"/>

9. MILITARY

A. Have you served in the armed forces of the United States?			Yes <input type="checkbox"/> No <input type="checkbox"/>
BRANCH OF SERVICE	DATE OF ENTRY	DATE OF DISCHARGE	
TYPE OF DISCHARGE: <i>Attach a copy of the Separation form.</i>	RANK OR RATE ATTAINED		
JOB PERFORMED	PERIOD OF MILITARY OBLIGATION REMAINING		
B. Are you in the National Guard or Reserve? <i>If yes, explain fully below:</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>

C. Are you registered with the selective service? State registered:	MM/DD/YYYY of registration: Yes <input type="checkbox"/> No <input type="checkbox"/>
D. While in the military, were you ever arrested for any offense, a defendant in any trial, or did you receive any disciplinary action? <i>If yes, give date, place, law enforcement agency or type, court, or court martial and action taken on a supplemental page.</i>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
E. While in the military, were you listed as AWOL or on unauthorized leave?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

10. EMPLOYMENT

A. Have you ever been involved in any incident that resulted in employment discipline action of any kind, to include material reflecting caution, consultation, warning, admonishment, reprimand, written or non-written (oral)? <i>If yes, explain fully on a supplemental page.</i>			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
B. Have you ever been discharged; or have you ever resigned under pressure or unfavorable circumstances or under mutual separation? <i>If yes, explain fully on a supplemental page.</i>			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
C. Have you ever been involved in a workplace altercation (physical or verbal) with a co-worker, supervisor, or customer? <i>If yes, explain fully on a supplemental page.</i>			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
D. Have you ever been the subject of a workplace investigation? <i>If yes, explain fully on a supplemental page.</i>			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
E. Would any problems result if your present employer were contacted during the course of this background? <i>If yes, when should such contact be made:</i>			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Beginning with your present or most recent job, list all employment held for the past 10 years, including part-time, temporary, seasonal, internships, or self employment. Include all periods of unemployment. Include all periods where you have been employed, interned, or volunteered with a law enforcement agency, no matter how long ago. Please indicate if you are fearful that your present job would be in jeopardy if inquiries were made. Please indicate month and year. List any disciplinary action taken by the employer. List current contact information for supervisors and co-workers. If more space is needed continue on the addendum page.			
FROM DATE	1. EMPLOYER	EMPLOYER PHONE NUMBER	JOB TITLE DESCRIPTION
TO DATE	ADDRESS: Street City State Zip Code	SALARY / WAGE	
SUPERVISOR'S COMPLETE NAME AND TITLE		SUPERVISOR'S PHONE NUMBER	SUPERVISOR'S EMAIL ADDRESS
CO-WORKER'S COMPLETE NAME AND TITLE		CO-WORKER'S PHONE NUMBER	CO-WORKER'S EMAIL ADDRESS
EXPLAIN REASON FOR LEAVING / GAP IN EMPLOYMENT			
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL REPRIMAND <input type="checkbox"/> WRITTEN REPRIMAND <input type="checkbox"/> NONE			
FROM DATE	2. EMPLOYER	EMPLOYER PHONE NUMBER	JOB TITLE DESCRIPTION
TO DATE	ADDRESS: Street City State Zip Code	SALARY / WAGE	
SUPERVISOR'S COMPLETE NAME AND TITLE		SUPERVISOR'S PHONE NUMBER	SUPERVISOR'S EMAIL ADDRESS
CO-WORKER'S COMPLETE NAME AND TITLE		CO-WORKER'S PHONE NUMBER	CO-WORKER'S EMAIL ADDRESS
EXPLAIN REASON FOR LEAVING / GAP IN EMPLOYMENT			
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL REPRIMAND <input type="checkbox"/> WRITTEN REPRIMAND <input type="checkbox"/> NONE			
FROM DATE	3. EMPLOYER	EMPLOYER PHONE NUMBER	JOB TITLE DESCRIPTION

TO DATE	ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			SALARY / WAGE
SUPERVISOR'S COMPLETE NAME AND TITLE		SUPERVISOR'S PHONE NUMBER		SUPERVISOR'S EMAIL ADDRESS
CO-WORKER'S COMPLETE NAME AND TITLE		CO-WORKER'S PHONE NUMBER		CO-WORKER'S EMAIL ADDRESS
EXPLAIN REASON FOR LEAVING / GAP IN EMPLOYMENT				
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL REPRIMAND <input type="checkbox"/> WRITTEN REPRIMAND <input type="checkbox"/> NONE				
FROM DATE	4. EMPLOYER		EMPLOYER PHONE NUMBER	JOB TITLE DESCRIPTION
TO DATE	ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			SALARY / WAGE
SUPERVISOR'S COMPLETE NAME AND TITLE		SUPERVISOR'S PHONE NUMBER		SUPERVISOR'S EMAIL ADDRESS
CO-WORKER'S COMPLETE NAME AND TITLE		CO-WORKER'S PHONE NUMBER		CO-WORKER'S EMAIL ADDRESS
EXPLAIN REASON FOR LEAVING / GAP IN EMPLOYMENT				
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL REPRIMAND <input type="checkbox"/> WRITTEN REPRIMAND <input type="checkbox"/> NONE				
FROM DATE	5. EMPLOYER		EMPLOYER PHONE NUMBER	JOB TITLE DESCRIPTION
TO DATE	ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			SALARY / WAGE
SUPERVISOR'S COMPLETE NAME AND TITLE		SUPERVISOR'S PHONE NUMBER		SUPERVISOR'S EMAIL ADDRESS
CO-WORKER'S COMPLETE NAME AND TITLE		CO-WORKER'S PHONE NUMBER		CO-WORKER'S EMAIL ADDRESS
EXPLAIN REASON FOR LEAVING / GAP IN EMPLOYMENT				
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL REPRIMAND <input type="checkbox"/> WRITTEN REPRIMAND <input type="checkbox"/> NONE				

Additional employment references should be detailed on a supplemental using same format as above

11. REFERENCES

Provide **FIVE** references, not related to you or each other by blood or marriage, all of whom have known you for at least three years. No co-workers or supervisors, and only one person per address. Be sure to include current email addresses, **complete name**, zip codes and dates of birth. Choose your references wisely, as each **must** respond promptly to a reference inquiry in order for your background to progress in a timely fashion.

1. NAME		RELATIONSHIP	HOW LONG KNOWN	PHONE NUMBER
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			EMAIL ADDRESS	
OCCUPATION			WORK PHONE NUMBER	
2. NAME		RELATIONSHIP	HOW LONG KNOWN	PHONE NUMBER
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			EMAIL ADDRESS	
OCCUPATION			WORK PHONE NUMBER	
3. NAME		RELATIONSHIP	HOW LONG KNOWN	PHONE NUMBER
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>			EMAIL ADDRESS	
OCCUPATION			WORK PHONE NUMBER	
4. NAME		RELATIONSHIP	HOW LONG KNOWN	PHONE NUMBER

ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>				EMAIL ADDRESS	
OCCUPATION				WORK PHONE NUMBER	
5. NAME		RELATIONSHIP	HOW LONG KNOWN	PHONE NUMBER	
ADDRESS: <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>				EMAIL ADDRESS	
OCCUPATION				WORK PHONE NUMBER	

12. Internet & Social Media

CURRENT EMAIL ADDRESS #1:	PREVIOUSLY USED EMAIL ADDRESS #1:
CURRENT EMAIL ADDRESS #2:	PREVIOUSLY USED EMAIL ADDRESS #2:
CURRENT EMAIL ADDRESS #3:	PREVIOUSLY USED EMAIL ADDRESS #3:
CURRENT EMAIL ADDRESS #4:	PREVIOUSLY USED EMAIL ADDRESS #4:
CURRENT EMAIL ADDRESS #5:	PREVIOUSLY USED EMAIL ADDRESS #5:

13. POLICE/CAMPUS SECURITY CONTACTS:

A. Have you ever been arrested or charged with any criminal offense, violation, status crime or violation?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
List ALL such matters, even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of a fine. List any incident in which you were contacted by a police officer or college campus safety officer, except traffic citations. Do NOT Include Any Information On Matters Which Were Expunged Or Sealed By The Court. Attach copies of police reports, if available.				
DATE	PLACE	CHARGE		
FINAL DISPOSITION		AGENCY		
DATE	PLACE	CHARGE		
FINAL DISPOSITION		AGENCY		
DATE	PLACE	CHARGE		
FINAL DISPOSITION		AGENCY		
DATE	PLACE	CHARGE		
FINAL DISPOSITION		AGENCY		
DATE	PLACE	CHARGE		
FINAL DISPOSITION		AGENCY		

14. TRAFFIC RECORD:

A. Have you ever had your driver's license suspended or revoked in any state?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
List ALL traffic citations (excluding parking tickets). Provide COMPLETE details on a supplemental page.				
DATE	PLACE	CHARGE		

FINAL DISPOSITION		AGENCY
DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY
DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY
DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY
DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY

15. CONCLUSION

A. Do you have an active application on file or have you ever applied with any other police agency?
If yes, list agency, address, date of application and status if known. Yes ☐ No ☐

AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION	STATUS
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION	STATUS
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION	STATUS
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION	STATUS
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION	STATUS
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION	STATUS
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION	STATUS
AGENCY:	Street / City / State / Zip Code	DATE OF APPLICATION	STATUS

B. Has any Law Enforcement agency ever conducted a background investigation process on you?
If yes, list agency, address, date completed and status. Yes ☐ No ☐

AGENCY:	Street / City / State / Zip Code	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
AGENCY:	Street / City / State / Zip Code	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
AGENCY:	Street / City / State / Zip Code	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
AGENCY:	Street / City / State / Zip Code	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>

C. Are you willing to take an oath to support the Constitution of the United States and the Constitution of the State of Oregon? Yes ☐ No ☐

16. EXPERIENCE / TRAINING / SPECIAL QUALIFICATIONS

Summarize experience, training and special qualifications which, in your opinion, establish your fitness for service in the Department. Include experience with related occupation, awards, and community service.

I hereby certify that all statements, made in this application or appended hereto, are true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate will be cause for refusing further consideration of my application. I understand this is not to be considered as an indication of probable appointment nor an obligation upon the department to make an appointment, but a part of the selection process only. I acknowledge that I am aware the results of the investigation are confidential. The results of this investigation are for the use of the Linn County Sheriff's Office only and will not be disclosed to myself or any other person, except as required by law.

Signed: _____

Date: _____

17. SUPPLEMENTAL

Use this page(s) to fully explain all supplemental information. We require you to respond candidly to include full disclosure of all information. If you need additional pages, you may copy this page for use. Do not use any other form.

LIST THE SECTION NUMBER AND LETTER OF THE QUESTION BEING REFERENCED

Pre-Employment Background Investigation Personal Profile Questionnaire

Name: _____

Date: _____

The following questions are an addendum to the Statement of Personal History for the Linn County Sheriff's Office. Please answer each question by circling either Yes (Y) or No (N). ***Do not explain your answers.*** You will have an opportunity to do that during your interview. If you do not understand the question or do not know the answer, circle the number.

Be aware that if there are any willful misrepresentations, omissions or falsifications of the following questions or explanations; your application will be rejected and you will be disqualified from applying from any future position with the Linn County Sheriff's Office, or if after your acceptance for employment, subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for immediate dismissal.

PERSONAL PROFILE QUESTIONNAIRE

GENERAL

1. Y/N Have you ever had any non-Oregon driver's licenses or identification cards issued to you?
2. Y/N Have you ever been refused a non-Oregon drivers license?
3. Y/N Have you ever been suspended, expelled or put on probation from any junior high, high school or college?
4. Y/N Have you ever had automobile insurance canceled or denied?
5. Y/N Have you ever been placed in a "High Risk" automobile insurance category?
6. Y/N Have you ever been notified by the motor vehicles division that your driver's license was about to be suspended or revoked for any reason?
7. Y/N Have you ever been a habitual gambler?
8. Y/N Have you ever been publicly intoxicated?
9. Y/N Have you ever driven while under the influence of intoxicants?
10. Y/N Have you ever missed work/class because of drinking?
11. Y/N Have you ever been involved in a disturbance at a bar?
12. Y/N Have you ever had anything to drink within an hour of starting work/class?
13. Y/N Have you ever had anything to drink during breaks - during working hours/class?
14. Y/N Have you ever gone to work/class under the influence of drugs or alcohol?
15. Y/N Do you currently hold a security clearance issued by a federal agency?
16. Y/N Have you ever had any type of security clearance denied or revoked?

EMPLOYMENT

17. Y/N Have you ever applied with the Linn County Sheriff's Office previously?
18. Y/N Are you unwilling or unable to work rotating shifts, hours, or days off?
19. Y/N Is there any reason you would not be able to use deadly force, if necessary, in the line of duty?
20. Y/N Should you be employed by this department, do you anticipate any income other than your salary?
21. Y/N Do you presently have any income other than your regular salary?
22. Y/N Have you ever had another criminal justice system agency begin or complete a background investigation on you?
23. Y/N Have you ever been denied employment from another criminal justice agency?
24. Y/N Have you ever failed, dropped out, or resigned from a law enforcement academy?
25. Y/N Have you ever completed a law enforcement academy?
26. Y/N Have you ever had an employment probationary period extended for any reason?
27. Y/N Have you ever been the subject of a job related investigation?
28. Y/N Have you ever been the subject of a sexual or racial harassment complaint?

29. Y/N Have you ever had any complaint of unnecessary force or brutality filed against you?
30. Y/N Have you ever been the subject of a civil rights investigation?
31. Y/N Have you ever been demoted in a job?
32. Y/N Have you ever received penalty days off?
33. Y/N Have you ever had a pay raise delayed or withheld?
34. Y/N Have you ever left a job without giving proper notice?
35. Y/N Have you ever been disciplined by an employer?
36. Y/N Will any of your past or present employers give you an unfavorable recommendation?
37. Y/N Have you ever been informed by a previous employer that you were ineligible for rehire?
38. Y/N Have you ever been counseled or disciplined for sick leave abuse or tardiness?
39. Y/N Have you ever had your integrity questioned in an employment setting?
40. Y/N Have you ever raised your voice in anger toward a co-worker or supervisor?
41. Y/N Have you ever called in sick to work when you were not really sick?
42. Y/N Have you ever refused to do what a supervisor told you?
43. Y/N Have you ever demanded to know why a supervisor was telling you to do something?
44. Y/N Have you ever become/gotten upset with a customer?
45. Y/N Have you ever become/gotten upset with a co-worker?
46. Y/N Have you ever ignored/walked away from a customer?
47. Y/N Have you ever indicated that a customer's question was stupid?
48. Y/N Have you ever tried to get back at a customer?
49. Y/N Have you ever sworn at a customer?
50. Y/N Have you ever had a complaint made against you by a customer?
51. Y/N Have you ever damaged a company vehicle?
52. Y/N Have you ever failed to report damage to a company vehicle or other property?
53. Y/N Have you ever broken any rules/regulations/policies while driving a company vehicle?
54. Y/N Have you ever picked up someone/gave someone a ride against company policy?
55. Y/N Have you ever used a company vehicle for your own personal use?
56. Y/N Have you ever taken anything from a place where you worked?
57. Y/N Have you ever taken any money from a place where you worked?
58. Y/N Have you ever taken a co-worker's property or money?
59. Y/N Have you ever received money from inaccuracies on an expense report?
60. Y/N Have you ever falsified/changed your/someone else's time card?
61. Y/N Have you ever left work without permission?
62. Y/N Have you ever slept on a job without permission?
63. Y/N Have you ever engaged in sexual behavior at work or during work hours?

COMPUTER USE

64. Y/N Have you ever viewed confidential computer information without authority?
65. Y/N Have you ever shared confidential employer information outside of the agency/company or with others not authorized to such information?
66. Y/N Have you ever installed software that would capture information such as passwords or other protected information?
67. Y/N Have you ever looked at someone's computer without their permission via a remote access?
68. Y/N Have you ever removed equipment, components, or software from an employer for personal use?
69. Y/N Have you ever been disciplined or fired from a position because of your computer use or habits?
70. Y/N Do you now use or have you ever used any proxy software or proxy website or other relaying software to conceal ANY online activity?
71. Y/N Have you ever used a company/department computer contrary to any company/department policy?
72. Y/N Have you ever engaged in any online sexual conversations or activity with anyone under the age of 18?

FINANCIAL

73. Y/N Have you ever received unemployment compensation?
74. Y/N Have you ever sued anyone or been sued by anyone?
75. Y/N Have you ever had a judgment rendered against you?
76. Y/N Have you ever filed for bankruptcy or been declared bankrupt?
77. Y/N Have you ever had any of your property repossessed?
78. Y/N Have you ever had a debt turned over to a collection agency?
79. Y/N Have you ever had your wages garnished?
80. Y/N Have you ever been delinquent in paying any of your taxes?
81. Y/N Have you ever failed to file a federal income tax return?
82. Y/N Have you ever avoided paying any lawful debt by moving?
83. Y/N Have you ever been delinquent in paying child support or alimony?
84. Y/N Have you ever failed to fully repay a student loan?
85. Y/N Are there any pending civil actions against you?
86. Y/N Have you ever filed a false insurance claim?
87. Y/N Have you ever settled a lawsuit out of court in which you received a cash payment?
88. Y/N Have you ever settled any civil suit out of court in which you, your insurance company or anyone else was required to make a cash payment to another party?
89. Y/N Have you ever knowingly/purposefully written a check when you knew you didn't have enough money in your account?

CRIMINAL

90. Y/N Have you ever been convicted of a crime or an offense?
91. Y/N Have you ever been given a trespass warning?
92. Y/N Have you ever been given an eviction notice?
93. Y/N Have you ever been asked to take a polygraph examination as a part of a criminal investigation?
94. Y/N Have you ever filed a false police report?
95. Y/N Have you ever pointed a firearm at another person outside of work in law enforcement or in the military?
96. Y/N Have you ever discharged a firearm at another person?
97. Y/N Have you been arrested or detained for shoplifting?
98. Y/N Have you been in the presence of anyone using illegal drugs in the last five years?
99. Y/N Have you knowingly allowed anyone to possess or use illegal drugs in your home or vehicle within the last five years?
100. Y/N Have you ever furnished illegal drugs to anyone?
101. Y/N Have you ever gotten anything or received anything from someone for drugs?
102. Y/N Have you ever struck or injured a person since you were 18 years old?
103. Y/N In the last five years, have you ever had a physical altercation?
104. Y/N Have you ever disciplined a child that caused bruises or injury?
105. Y/N Have ever done anything to hurt a child?
106. Y/N Have ever struck or kicked a child?
107. Y/N Have you or any family member ever been the subject of any investigation by a child or adult welfare agency?
108. Y/N Have any dependant children in your care ever been taken into protective custody?
109. Y/N Have you ever furnished alcohol to a minor not in your custodial control?
110. Y/N Have you ever been the plaintiff or the defendant of a civil restraining order or stalking order?
111. Y/N Have you ever given or displayed pornographic material to anyone under the age of 18 years ?
112. Y/N Have you ever touched a child on the breast/privates?
113. Y/N Have you ever engaged in any type of sexual activity with a person under the age of 18?
114. Y/N Have you ever purposefully exposed/displayed your privates to a child?
115. Y/N Have you ever taken pictures of a disrobed person under the age of 18?
116. Y/N Have you ever bought or retained pictures of a disrobed person under the age of 18?
117. Y/N Have you ever viewed sexual pictures of a person under the age of 18 on the Internet?
118. Y/N Have you ever viewed sexual pictures of a person under the age of 18 that you received from an e-mail or other computer transmission?

119. Y/N Have you ever engaged in or attempted to engage in sexual activity with an arrested person or inmate?
120. Y/N Have you ever engaged in or attempted to engage in sexual activity in a prison, jail, or other institution?
121. Y/N Have you ever been the suspect/subject in any police investigation?
122. Y/N Have you ever been charged with a crime?
123. Y/N Have you ever had a warrant issued for your arrest?
124. Y/N Have you ever been detained, questioned, held on suspicion, fingerprinted or taken into custody by law enforcement officers for any reason other than minor traffic tickets?
125. Y/N Have you ever been placed into a diversion program as the result of an arrest?
126. Y/N Have you ever been or are you currently under investigation by any law enforcement agency concerning any alleged violation of the law?
127. Y/N Have you ever stolen anything worth more than \$50?
128. Y/N Have you ever stolen a motor vehicle?
129. Y/N Have you ever been the driver or passenger in a vehicle you were not authorized to use (joyride)?
130. Y/N Have you ever committed any sexual crime?
131. Y/N Have you ever or are you now wanted for any reason by any law enforcement agency?
132. Y/N Have you ever sold, cultivated, manufactured or transported any illegal drug?
133. Y/N Have you complied with the selective service registration requirements? If so, When?
134. Y/N Have you ever used illegal drugs to include marijuana?
If Yes, list what drugs you have used, and date of last use.
-
-

135. Y/N Have you used any controlled substance in an unlawful manner in the last 6 months?

MILITARY

1. Y/N Have you ever attempted to enlist in the military and been denied entrance?

Answer the following questions if you have ever been in the military or in government defense service.

2. Y/N Do you currently hold a security clearance issued by a federal agency?
3. Y/N Have you ever had any type of security clearance denied or revoked?
4. Y/N Have you ever performed duties which required certification under a "Human Reliability" or "Personnel Reliability" (PRP) program?
5. Y/N Have you ever served in any branch of the armed services? (if yes, answer next 6 questions)
6. Y/N While in the service were you ever court-martialed?
7. Y/N While in the service were you ever placed under military arrest?
8. Y/N While in the service did you ever receive any non-judicial punishment?
9. Y/N While in the service did you ever receive any type of disciplinary action?
10. Y/N While in the service were you ever reduced in rank or grade?
11. Y/N While in the service were you ever A.W.O.L. or on unauthorized leave?
12. Y/N When you left the service, could you have re-enlisted if you wanted to?

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing answers to the questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or restriction of duties.

Signed _____

LINN COUNTY DEPUTY SHERIFF'S										
Job Title	Job Clas:	Range Code	Step 0	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	
SHERIFF ACCOUNTING CLERK	5025	11	0	3,482	3,647	3,818	3,996	4,179	4,377	
COMPUTER RESOURCE SPEC. 2	5086	17	0	4,581	4,798	5,024	5,263	5,516	5,775	
COMPUTER RESOURCE SPEC. 1	5089	16	0	4,377	4,581	4,798	5,024	5,263	5,516	
CONTROL ROOM OPERATOR	5634	8	0	3,046	3,190	3,330	3,482	3,647	3,818	
MEDICATION AIDE	5660	8	0	3,046	3,190	3,330	3,482	3,647	3,818	
COMMUNITY SERVICES SPECIALIST	5661	12	0	3,647	3,818	3,996	4,179	4,377	4,581	
COMPENSATORY SERVICE COORD.	5664	10	0	3,330	3,482	3,647	3,818	3,996	4,179	
SHERIFF SERVICES AIDE	5665	8	0	3,046	3,190	3,330	3,482	3,647	3,818	
CIVIL CLERK	5666	8	0	3,046	3,190	3,330	3,482	3,647	3,818	
CIVIL DEPUTY	5667	15	0	4,179	4,377	4,581	4,798	5,024	5,263	
JAIL MAINT. WORKER	5668	12	0	3,647	3,818	3,996	4,179	4,377	4,581	
PROPERTY/EVIDENCE CLERK	5669	11	0	3,482	3,647	3,818	3,996	4,179	4,377	
TRANSPORTATION AIDE	5670	8	0	3,046	3,190	3,330	3,482	3,647	3,818	
CORRECTIONS DEPUTY	5671	15	0	4,179	4,377	4,581	4,798	5,024	5,263	
EMERGENCY MANAGEMENT COORD.	5672	15	0	4,179	4,377	4,581	4,798	5,024	5,263	
CORR. LICENSED PRACT. NURSE	5675	15	0	4,179	4,377	4,581	4,798	5,024	5,263	
CORR. REGISTERED NURSE	5677	20	0	5,160	5,408	5,662	5,932	6,213	6,512	
COMMUNICATIONS DISPATCHER	5679	12	0	3,647	3,818	3,996	4,179	4,377	4,581	
DEPUTY SHERIFF	5680	15	0	4,179	4,377	4,581	4,798	5,024	5,263	
DETECTIVE	5681	16	0	4,377	4,581	4,798	5,024	5,263	5,516	
RESIDENT DEPUTY SHERIFF	5682	16	0	4,377	4,581	4,798	5,024	5,263	5,516	
PURCHASING/FLEET MANAGER	5685	17	0	4,581	4,798	5,024	5,263	5,516	5,775	
POLYGRAPH EXAMINER	5697	20	0	5,263	5,516	5,775	6,051	6,338	6,642	
SHERIFF CUSTODIAL WORKER	5806	7	0	2,916	3,046	3,190	3,330	3,482	3,647	
SHERIFF'S OFFICE (SO) MANAGEMENT /										
Training/HR Clerk	5043	12	0	3,647	3,818	3,996	4,179	4,377	4,581	
Computer Resources Project Manager	5099	18	0	4,632	4,851	5,080	5,322	5,578	5,842	
SHERIFF'S ADMIN. ASSIST.	5049	15	0	4,034	4,226	4,423	4,632	4,851	5,080	
DETECTIVE ADMIN. ASSIST.	5051	15	0	4,034	4,226	4,423	4,632	4,851	5,080	
LINN COUNTY JAIL PHYSICIAN	5636	52	0	4,959	0	0	0	0	0	
LIEUTENANT-SUPPORT SERV.DIV.	5659	20	0	5,080	5,322	5,578	5,842	6,120	6,412	
EMERG.SERVICES LIEUTENANT	5662	20	0	5,080	5,322	5,578	5,842	6,120	6,412	
HEALTH SERVICES ADMIN.(SO)	5663	16	0	4,226	4,423	4,632	4,851	5,080	5,322	
NURSING SUPERVISOR	5673	19	0	4,851	5,080	5,322	5,578	5,842	6,120	
SUPERVISING SERVICE AIDE	5674	10	0	3,214	3,365	3,520	3,686	3,858	4,034	
COMMUNICATIONS SUPERVISOR	5678	15	0	4,034	4,226	4,423	4,632	4,851	5,080	
SERGEANT	5684	18	0	4,632	4,851	5,080	5,322	5,578	5,842	
RESIDENT SERGEANT/PATR.DIV.	5686	18	0	4,632	4,851	5,080	5,322	5,578	5,842	
COMMUNICATIONS MANAGER	5687	19	0	5,080	5,322	5,578	5,842	6,120	6,412	
LIEUTENANT-CIVIL DIVISION	5688	20	0	5,080	5,322	5,578	5,842	6,120	6,412	
DIGITAL EVIDENCE EXAMINER	5689	17	0	4,423	4,632	4,851	5,080	5,322	5,578	
PATROL DIV. LIEUTENANT	5690	20	0	5,080	5,322	5,578	5,842	6,120	6,412	
CORRECTIONS DIV. LIEUTENANT	5691	20	0	5,080	5,322	5,578	5,842	6,120	6,412	
DETECTIVE DIV. LIEUTENANT	5692	20	0	5,080	5,322	5,578	5,842	6,120	6,412	
RECORDS MANAGER	5693	15	0	4,034	4,226	4,423	4,632	4,851	5,080	
CAPTAIN-SUPPORT SERVICES	5694	22	0	5,578	5,842	6,120	6,412	6,724	7,043	
FIRST SERGEANT/PROG.DIV.	5695	20	0	5,080	5,322	5,578	5,842	6,120	6,412	
TRAINING SUPERVISOR	5696	20	0	5,080	5,322	5,578	5,842	6,120	6,412	
CAPTAIN	5698	22	0	5,578	5,842	6,120	6,412	6,724	7,043	
UNDERSHERIFF	5699	24	0	6,120	6,412	6,724	7,043	7,387	7,746	
LIEUTENANT-PROG.DIVISION	5700	20	0	5,080	5,322	5,578	5,842	6,120	6,412	
ANIMAL CONTROL										
KENNEL PERSON	5600	7	0	2,657	2,792	2,933	3,081	3,232	3,393	
DOG CONTROL OFFICER	5601	11	0	3,232	3,393	3,570	3,744	3,931	4,126	
PROGRAM SECTRETARY	5041	10	0	3,081	3,232	3,393	3,570	3,744	3,931	
ELECTED OFFICIALS										
SHERIFF	5157	8	0	0	0	0	0	10,282	10,282	

LINN COUNTY EMPLOYEE BENEFIT SUMMARY

SHERIFF - LCDSA

HEALTH INSURANCE

Medical/Vision	Coverage for the employee & family is available in 2 different MODA Health plans; PPO or Managed Care. Alternative Care such as Chiropractic, Acupuncture and Naturopathic medicine is included with both plans. Another option for the employee & family is Kaiser Permanente. All insurance include prescription drug & vision benefits. Becomes available the 1 st day of the month after completing 30 days of employment.
Dental	Coverage is available for employee and family through MODA Health, Willamette or Kaiser Dental.
Life/AD&D	The basic life insurance benefit is \$50,000 for employee and \$5,000 for a spouse and each child up to age 26 in the family. Immediate coverage available for Deputies and Corrections Officers.
Supplemental (Employee paid)	<p>There are optional insurance plans in which the employee can enroll at his/her expense. (Coverage may not be guaranteed and may require underwriting approval.)</p> <p>Voluntary Life Insurance – available for the employee & spouse. May purchase additional supplemental life in increments of \$10,000 up to \$300,000. Cost is determined by applicant's age. The County will pay \$1.00/month of the supplemental premium for each insured employee</p> <p>Short & Long term Disability - Benefit pays 60% of employee's monthly salary.</p> <p>Accident, Cancer, Hospital, Disability, Critical Illness, and Specific Event Insurance- available for employee</p>

RETIREMENT

PERS / OPSRP	The County participates in the Oregon Public Service Retirement System (OPSRP). Employees are eligible to become members of the OPSRP after six full months of employment. The County pays the employee share of the contribution.
Deferred Compensation	Employees are eligible to participate in a 457 deferred compensation plan with ICMA, Mass Mutual or Nationwide Retirement Solutions. This is fully funded by the employee. Effective 7/1/17 Linn County pays 2% of the employee's salary toward the employee's choice of Deferred Comp plans. Effective 7/1/18 Linn County pays an additional 1% for a total of 3%.

LEAVE BENEFITS

Vacation	<p>After completing one (1) full month of service at Linn County, employees are eligible to use their accumulated vacation subject to management approval. Vacation accruals are per month as follows:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Length of Service</th><th>8 Hour Employees</th></tr> </thead> <tbody> <tr> <td>0 - 4 years</td><td>8.67</td></tr> <tr> <td>5 – 11 years</td><td>11.33</td></tr> <tr> <td>12 – 19 years</td><td>14.67</td></tr> <tr> <td>20 years and after</td><td>16.00</td></tr> </tbody> </table> <p>Vacation will begin accruing immediately and eligible for use after 1 month of employment.</p>	Length of Service	8 Hour Employees	0 - 4 years	8.67	5 – 11 years	11.33	12 – 19 years	14.67	20 years and after	16.00
Length of Service	8 Hour Employees										
0 - 4 years	8.67										
5 – 11 years	11.33										
12 – 19 years	14.67										
20 years and after	16.00										

	Maximum accrual 280 hours for the 8 hour employee.				
LEAVE BENEFITS CONTINUED					
Sick Leave	<p>After completing one (1) full month of service at Linn County, employees are eligible to use their accumulated sick leave subject to management approval. Sick Leave accruals are as follows</p> <table> <tr> <th>Monthly Accrual Rate</th><th>Annual Accrual</th></tr> <tr> <td>1 day per month</td><td>12 days per year</td></tr> </table> <p>No maximum accrual</p>	Monthly Accrual Rate	Annual Accrual	1 day per month	12 days per year
Monthly Accrual Rate	Annual Accrual				
1 day per month	12 days per year				
Bereavement Leave	Employees are authorized to request up to four (4) days of paid leave for absence to attend to issues such as arranging & attending funeral service for immediate family.				
Personal days	<p>Employees immediately receive Personal Days in lieu of Holidays</p> <table> <tr> <th>Personal Days</th><th>Annual Accrual</th></tr> <tr> <td>8.666 hours per month</td><td>13 days per year</td></tr> </table> <p>Total Maximum - 104 hours</p>	Personal Days	Annual Accrual	8.666 hours per month	13 days per year
Personal Days	Annual Accrual				
8.666 hours per month	13 days per year				
OTHER BENEFITS					
Employee Assistance Program	Employees and family members are eligible to participate in the Calapooia Employee Assistance Program. Five free confidential counseling sessions per year are available to employees and their dependents.				
Flexible Spending Plan (125)	Employees are eligible for participation in a deferral plan through payroll for dependent care, employee portion of group health insurance premium expenses, and unreimbursed health-related expenses upon initial enrollment as a new employee and re-enrollment annually based on a calendar year.				
Longevity Incentive	All full time employees will receive an additional 2.5% longevity pay after completing 120 months or 10 years of employment. An additional 2.5% will be given after completing 180 months or 15 years of employment for a total of 5%.				
Sheriff Dues: \$31.39 monthly payroll deduction will begin following one month of employment					

NOTES: All benefits and contributions listed on this summary are subject to change; benefits listed are for full-time employees. Part-time bargaining unit employees who work at least twenty (20) hours per week shall accrue vacation on a pro rata basis. See the Collective Bargaining agreement for complete information.