

Supplemental Questionnaire  
for  
Deputy Sheriff III  
Posting # 4016-0413kv

Please read through the instructions and the questionnaire carefully before you fill it out. It is very important that you answer the questions as completely and accurately as possible.

## INSTRUCTIONS

The Utah County Personnel Office appreciates your interest in this position. Since this questionnaire is an important part of the selection process for this position, **it must be fully completed**. It has been prepared to give applicants the same opportunity to explain their background as it relates to this position.

**Anything you list on this Supplemental Questionnaire must be supported with back- up documentation (attachments) where applicable. (i.e., certifications, transcripts, DD214, etc.) to receive credit.**

You **DO NOT** need to submit a Resume.

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Last four numbers of Social Security #: XXX-XX-\_\_\_\_ \_

With regard to your law enforcement related work history, please identify each position and its corresponding start and end date. See the following example:

**ENTITY:** Utah County Sheriff's Department  
**POSITION:** Deputy I/Judicial  
**FROM:** 06/1998 **TO:** 08/2000  
**POSITION:** Corrections Specialist  
**FROM:** 9/2000 **TO:** 12/2003  
**POSITION:** Deputy III/Patrol  
**FROM:** 1/2004 **TO:** present

<b>ENTITY:</b>	_____	
<b>POSITION:</b>	_____	Type of Certification Required: _____
<b>FROM:</b>	_____	<b>TO:</b> _____ Hours per week: _____
<b>POSITION:</b>	_____	Type of Certification Required: _____
<b>FROM:</b>	_____	<b>TO:</b> _____ Hours per week: _____
<b>POSITION:</b>	_____	Type of Certification Required: _____
<b>FROM:</b>	_____	<b>TO:</b> _____ Hours per week: _____

<b>ENTITY:</b>	_____	
<b>POSITION:</b>	_____	Type of Certification Required: _____
<b>FROM:</b>	_____	<b>TO:</b> _____ Hours per week: _____
<b>POSITION:</b>	_____	Type of Certification Required: _____
<b>FROM:</b>	_____	<b>TO:</b> _____ Hours per week: _____
<b>POSITION:</b>	_____	Type of Certification Required: _____
<b>FROM:</b>	_____	<b>TO:</b> _____ Hours per week: _____

<b>ENTITY:</b>	_____	
<b>POSITION:</b>	_____	Type of Certification Required: _____
<b>FROM:</b>	_____	<b>TO:</b> _____ Hours per week: _____
<b>POSITION:</b>	_____	Type of Certification Required: _____
<b>FROM:</b>	_____	<b>TO:</b> _____ Hours per week: _____
<b>POSITION:</b>	_____	Type of Certification Required: _____
<b>FROM:</b>	_____	<b>TO:</b> _____ Hours per week: _____

**Certifications**

1. What POST certification(s) do you currently possess: (check all that apply)

Law Enforcement (Specify State)      Corrections (Specify State)      Other, please specify \_\_\_\_\_

**Experience and Education**

2. Please state your *total months* of full-time experience as a certified Law Enforcement or Corrections Officer:

Total Months: \_\_\_\_\_

Please state the **number of months** of *full-time* certified (LEO or Corrections) work experience in the following areas: \_\_

**ENFORCEMENT:**

Patrol \_\_\_\_\_ Judicial/Court Services/Bailiff \_\_\_\_\_ Warrants \_\_\_\_\_

Emergency Management \_\_\_\_\_ Detectives \_\_\_\_\_ Administrative Services \_\_\_\_\_

Sex Crimes \_\_\_\_\_ Other \_\_\_\_\_ Animal Control \_\_\_\_\_  
(Must have required LEO Certification)

**CORRECTIONS:**

\_\_\_\_\_ Corrections Housing \_\_\_\_\_ Corrections Support Services \_\_\_\_\_ Corrections Booking \_\_\_\_\_

Corrections Programs \_\_\_\_\_ Corrections Jail Industries \_\_\_\_\_ Other \_\_\_\_\_

3. Please identify your **completed** education:

Associate degree (major \_\_\_\_\_)      Bachelor degree (major \_\_\_\_\_)  
(minor \_\_\_\_\_)      (minor \_\_\_\_\_)

Type of Degree \_\_\_\_\_  
Advanced Degree (Type of Degree \_\_\_\_\_)  
(major \_\_\_\_\_)  
(minor \_\_\_\_\_)

**Specialty Assignments**

4. Please state the **number of months** of *full-time* certified work experience assigned to following areas:

K-9 \_\_\_\_\_ SWAT \_\_\_\_\_ EOD (Bomb Squad) \_\_\_\_\_ DRT \_\_\_\_\_

Traffic Accident Investigations \_\_\_\_\_ Polygrapher \_\_\_\_\_ Investigations \_\_\_\_\_

Hostage Negotiations/CIT \_\_\_\_\_ DIC/OIC \_\_\_\_\_ Field Training Officer \_\_\_\_\_

Gang Liaison \_\_\_\_\_ EVO \_\_\_\_\_ SRO \_\_\_\_\_ JCAT \_\_\_\_\_ Other \_\_\_\_\_

**Certifications**

\_\_\_\_\_ Current Certifications: (please check all that apply)

Radar certified      Intoxilizer certified      Drug Recognition Expert certified      EMT certified

**Certified Instructor**

5. In what areas are you *currently a certified instructor*:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

6. Completion of the POST Mid-Management Certification. Yes No

**Language Skills**

7. Please list your language skills other than English.

1. _____	2. _____	3. _____	4. _____
Beginner	Beginner	Beginner	Beginner
Intermediate	Intermediate	Intermediate	Intermediate
Advanced	Advanced	Advanced	Advanced
Fluent	Fluent	Fluent	Fluent

*For internal purposes only*

**Military**

- |  |     |    |
|--|-----|----|
| • Have you been honorably discharged from the armed services? (circle one) | Yes | No |
| • Are you claiming Veteran's Preference?                                   | Yes | No |

**PLEASE READ CAREFULLY BEFORE SIGNING:** The answers to the preceding questions are true and complete to the best of my knowledge. I understand that falsification of information may result in dismissal from a County position and/or disqualification from the testing process.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_