

Supplemental Questionnaire
for
Deputy Sheriff - Enforcement

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.

This document is not a fillable document. Please print the Supplemental Questionnaire form and fill in the information by hand. This must be submitted with the application, along with any supporting documentation.

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

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

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

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

<p><u>Military</u></p> <ul style="list-style-type: none">• 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:** _____