

DES MOINES COUNTY SHERIFF'S OFFICE MINIMUM REQUIREMENTS



- 1. Must Be at least eighteen (18) years of age.
- 2. Must be able to read and write English.
- 3. Must be of good character as determined by a thorough background investigation including a fingerprint search conducted of local, state, and national fingerprint files.
- 4. Not addicted to drugs or alcohol.
- 5. Must have the ability to perform the essential elements of the position as defined in the department job specifications.



DES MOINES COUNTY SHERIFF'S OFFICE

512 N. Main St.



Burlington, IA 52601 AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are eligible to compete for all positions without regard to race, national origin, sex, creed, religion, age, or marital status.

APPLICATION FOR EMPLOYMENT

Note: Application must be typewritten or clearly printed in ink. ALL questions must be answered, and accompanying documents received PRIOR to processing. If not applicable, indicate NA (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. CHECK POSITION(S) APPLIED FOR. YOU MAY APPLY FOR MORE THAN ONE POSITION, PLEASE INDICATE YOUR PREFERENCE BY

MARKING FIRST CHOICE, SECOND CHOICE, THIRD CHOICE.

EMPLOYMENT POSITIONS

Deputy Sheriff	Reserve Deputy Administrative	Correctional Officer	Courthouse Security
Administrative Assistant	Clerical/Reception	Other:	

PERSONAL HISTORY

a. Name in full (last, first, middle)	b. Social Security	Number		
c. List all other names you have used. Include nicknames, maiden name, and previous married surname(s).	d. Have you previously a Moines Co Sheriff? If ye	11	e. E-Mail address and/or webs	ite
f. Birth date (month, day, year)	g. Place of birth		h. Are you a U.S. citizen?	0
i. List all driver license number(s) issued to you:	8	j. Current drivers l	license state of issue	
k. List <u>all</u> states in which you have had a driver	rs license issued to you:	Yes	ly certified by the Iowa Law Enfo No Date Certification (uty Sheriff Only)	rcement Academy? d: MO/DAY/YR
m Have you ever been issued a passport? If so,	, please list passport numb	per and locations trave	eled.	
Passport Number:	Locations trav	veled:		

CONTACT INFORMATION

a.	Current mailing address			Telephone numbers:
				Residence Phone Number:
	Street address/P.O. Box		Apt. no.	
- (Cell Phone Number:
	City	State	Zip code	
b.	Permanent address if different from	above		
				Office or alternate #:
	Street address/P.O. Box		Apt. no.	
- 5	City	State	Zin ande	· · · · · · · · · · · · · · · · · · ·
	City	State	Zip code	

EDUCATION RECORD

TRANSCRIPTS MAY BE REQUESTED

High school diploma or equivalent (GED)? 🔲 Yes 🔲 No

Name	Address	Dates Attended		Date Graduated
		From	To	
			12	



College/University: Circle No. of years completed 2 6 or more 1 3 5

	See a second	ites	Credit R		Field of Study or Area of Concentration		Type of	Graduated
Name of School and Location		nded	Semester	Quarter			Degree	YES/NO
	mo / yr	mo / yr	hours	hours	Major	Minor	-	0
			x		39 ·		(A)	
			·	10. Jo			1.	96
				S			-	
		5		6. S	6	5. 5.	ù.	
	·			1.				
a. If you are working toward a degree, ple	ase give th	ne anticipa	ited completi	on date.				
b. Has any disciplinary action, including s	cholastic j	orobation	and dismissa	l, ever beer	ı taken again	st you during	your acade	mic career?
Yes No If yes, complete the f	ollowing.							
	onowing.	3		Schoo	ol			Date
Type of action taken:								
c. List awards, honors, citations, athletic	endeavors	and any o	other special	recognition	n vou receive	đ		
		, and any .	outer speetur		. jou recerve			
				•				51
d. List any special abilities, (computer ski	ills, etc.) s	pecial inte	erests or hobb	bies:				
e. List languages, including American Sig	gn Langua	ge (ASL),	in addition t	o English t	hat you speal	k, read and w	rite fluently	:
				8073	45.5	367		
f. If you are licensed or certified to practic	ce a trade	or profess	ion, complete	e the follow	ving:			<i></i>
Specialty:		- 1 .	nse issued by		c			
specially.		Licer	ise issued by	·				3

INTERNSHIPS, if applicable

Name of Business:	From: (mo/yr)	To: (mo/yr)			
Address:	City:	State:			
Work supervisor:					
Name of Business:	From: (mo/yr)	To: (mo/yr)			
Address:	City:	State:			
Work supervisor:	Example of duties perform	ned:			

RESIDENCE HISTORY

	List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home, and all military addresses including any dff military base). If additional space is needed, please attach a separate sheet.						
Da	ates	Apt.		-			Own
From	То	No.	Street Address	City	County	State	Rent

CIVIL SERVICE TESTING (Deputy Sheriff Only)

Have you taken the Civil Service Testing?	Yes		No	
If yes, please list the date and department te	sting was done thr	ough:		

COURT RECORD

a. Have you ever been arrested or charged with any violation_*including traffic citations*, but not parking tickets? Yes No (List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral.)

Date	Place	Charge	Final Disposition	Details

b. Has any member of your immediate family (past or present), i.e., spouse, significant other, ex-spouse, parents, brother, or sister ever been arrested for any violation other than traffic? 🔲 Yes 🗌 No If yes, list below:

c. Have you ever been a plaintiff or defendant in any court action (including divorce)?

If yes, give date, place, court names of parties involved, nature of action, and final disposition.

SELECTIVE SERVICE/ MILITARY RECORD

a. Have you ever (check all that apply):								
Registered with the Selective Service, if applicable? 🔲 Yes 🔲 No								
Applied for a position with any branch of the Ar	Applied for a position with any branch of the Armed Forces of the United States? 🔲 Yes 🔲 No							
Been rejected by any branch of the Armed Force	Been rejected by any branch of the Armed Forces for any reason? 🔲 Yes 🔲 No If yes, state reason(s):							
Been inducted into any branch of the Armed For If yes, complete sections b-h	Been inducted into any branch of the Armed Forces? Yes No If yes, complete sections b-h							
Served on active duty in any branch of the Arme If yes, complete sections b-h	Served on active duty in any branch of the Armed Forces? 🔲 Yes 🔲 No If yes, complete sections b-h							
b. Dates of active duty (month, day and year)	c. Branch of military service	d. Hig	Highest rank attained e. Serial Number					
FromTo								
f. Type of discharge			g. Member of Res	serve/National Guard?				
Date DD-214			🗆 Yes 🗖	No				
Form recorded County	Form recorded County State							
Provide a copy of your DD-214 with application. Service Branch Location								
h. Was any type of disciplinary action taken against you in the service? 🔲 Yes 🔲 No								
Nature of disciplinary action?								

ORGANIZATION MEMBERSHIP

Organization	City and State	Dates	List position(s) held and extent of activity

VOLUNTEER ACTIVITIES/EMPLOYMENT

Volunteer Activities (including volunteer fire fighting, police or sheriff reserve and civic activities)

Sponsoring Organization	City and State	Dates	List position(s) held and extent of activity
		6	

EMPLOYMENT

List your work experience, starting with the most recent. Include summer and part-time employment in addition to jobs held as a teenager. <u>Account for all time</u>. If unemployed for a period of time, indicate and set forth dates of unemployment. If you do not recall the name of a supervisor, work address, etc., indicate such on the application.

a. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & state	Name of supervisor		
Telephone	Reason for leaving		
b. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & state	Name of supervisor		
Telephone	Reason for leaving		
c. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & state	Name of supervisor		
Telephone	Reason for leaving		
d. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & state	Name of supervisor		
Telephone	Reason for leaving		
e. Name of employer	Dates of employment Salary		
Address	Position and kind of work		
City & state	Name of supervisor		
Telephone	Reason for leaving		
f. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & state	Name of supervisor		
Telephone	Reason for leaving		
g. Name of employer	Dates of employment	Salary	
Address	Position and kind of work		
City & state	Name of supervisor		
Telephone	Reason for leaving		
h. Name of employer	Dates of employment Salary		
Address	Position and kind of work		
City & state	Name of supervisor		
Telephone	Reason for leaving		

RELATIVES

Provide complete name, includin	ng middle name (no initials) and comp	lete address
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a. Father			Employer		
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		
h. Mother			Employer	Telephone #	
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		
c. Spouse/Significant Other (If wife, include maiden name)			Employer	Tele	phone #
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		

d. Children

Child's Name		2	Child's Name		
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Birth date	Telephone #	
Child's Name			Child's Name		
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Birth date	Telephone #	

e. Other relatives (brothers, sisters, step parents, step brothers, step sisters, ex-spouse, in-laws)

Name and Relationship			Employer	Telephone #	
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		
Name and Relationship			Employer	Telephone #	
Street Address			Street Address		
Сіту	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		
Name and Relationship			Employer	Telephone #	
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		

RELATIVES (Continued) Late and d

Provide complete na	ame, including middle n	ame (no initials)	and complete address		
Name and Relationship		Employer	Telephone	Telephone #	
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		
Name and Relationship			Employer	Telephone	#
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		
Do you have any relative	s or friends employed with th	e County of Des Moi	nes? Yes No		
Name:		11 - 11 11 11 12 × 12	Relationship:	Division:	
Name:			Relationship:	Division:	
Name:			Relationship:	Division:	

REFERENCES

Give three references (*not* relatives, present employers, or school teachers) who are responsible adults of reputable standing in their communities, preferably those who have known you well during the past five years. If retired, give former occupation.

a. Complete name	Occupation	No. yrs. acquainted.	
Home address	Hon	ne phone	
Business name and address	Bus	. phone	
b. Complete name	Occupation		
Home address	Hon	Home phone	
Business name and address	Bus	. phone	
c. Complete name	Occupation	No. yrs. acquainted.	
Home address	Hon	ne phone	
Business name and address	Bus	, phone	

Give three social acquaintances

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a. Complete name	Occupation		No. yrs. acquainted.
Home address		Home phone	
Business name and address		Bus. phone	8
b. Complete name	Occupation		No. yrs. acquainted.
Home address		Home phone	
Business name and address		Bus. phone	
c. Complete name	Occupation		No. yrs. acquainted.
ne address		Home phone	
Business name and address		Bus. phone	

DES MOINES COUNTY SHERIFF'S OFFICE 512 N. Main St.

Burlington, IA 52601

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, ______, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Des Moines County Sheriff's Office, whether the said records are of a public, private, or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of 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.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Des Moines County Sheriff's Office. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Des Moines County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE, AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THE PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

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

I have read and fully understand the contents of the "Authorization of Release of Personal Information".

(Signature of Applicant)

(Date)

The Des Moines County Sheriff's Office is an equal opportunity employer.