



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.

EDUCATION RECORD

TRANSCRIPTS MAY BE REQUESTED

○ ○ ○ ○ ○

High School: Circle highest grade completed 8 9 10 11 12 High school diploma or equivalent (GED)? Yes No

Name	Address	Dates Attended		Date Graduated
		From	To	

○ ○ ○ ○ ○ ○

College/University: Circle No. of years completed 1 2 3 4 5 6 or more

Name of School and Location	Dates Attended		Credit Received		Field of Study or Area of Concentration		Type of Degree	Graduated YES/NO
	mo / yr	mo / yr	Semester hours	Quarter hours	Major	Minor		

a. If you are working toward a degree, please give the anticipated completion date. _____

b. Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career?
 Yes No If yes, complete the following: _____
School Date
 Type of action taken: _____

c. List awards, honors, citations, athletic endeavors, and any other special recognition you received.

d. List any special abilities, (computer skills, etc.) special interests or hobbies: _____

e. List languages, including American Sign Language (ASL), in addition to English that you speak, read and write fluently:

f. If you are licensed or certified to practice a trade or profession, complete the following:
 Specialty: _____ License issued by: _____

INTERNSHIPS, if applicable

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

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

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 off military base). If additional space is needed, please attach a separate sheet.

Dates		Apt. No.	Street Address	City	County	State	Own Rent
From	To						

CIVIL SERVICE TESTING (Deputy Sheriff Only)

Have you taken the Civil Service Testing? Yes No

If yes, please list the date and department testing was done through:

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)? Yes No
 If yes, give date, place, court names of parties involved, nature of action, and final disposition.
- _____

EMPLOYMENT

List your work experience, starting with the most recent. Include summer and part-time employment in addition to jobs held as a teenager. ***Account for all time.*** 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, including middle name (no initials) and complete address

a. Father	Employer
Street Address	Street Address
City State Zip code	City State Zip code
Birth date Telephone	Occupation
b. 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 Telephone #
Street Address	Street Address
City State Zip code	City State Zip code
Birth date Telephone	Occupation

d. Children

Child's Name	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	
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	

RELATIVES (Continued)

Provide complete name, including middle name (*no initials*) and complete address

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	
City State Zip code	City State Zip code	
Birth date Telephone	Occupation	
Do you have any relatives or friends employed with the County of Des Moines? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____	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	Home phone	
Business name and address	Bus. phone	
b. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone	
Business name and address	Bus. phone	
c. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone	
Business name and address	Bus. phone	

Give three social acquaintances

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

Employment Interest: Full-time Part-time Both