

Wapello County Sheriff's Office

Employment Application

330 West 2nd Street
 Ottumwa, IA 52501
 (641) 684-4350
www.wapellocounty.org/departments/sherif-and-jail/



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

BACKGROUND INVESTIGATION APPLICATION

Notice: Application must be typewritten or clearly printed in ink. **ALL** questions must be answered and accompanying documents received **PRIOR** to background investigation. If not applicable, indicate NA. If space provided is not sufficient for complete answers or you wish to furnish additional information, please attach sheets of the same size as this application (8.5" by 11") and number answers to correspond with the relevant section.

APPLICATION DATE <i>(mm/dd/yyyy)</i>	
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SECTION 1 - POSITION APPLYING FOR	
<input type="checkbox"/>	Deputy Sheriff
<input type="checkbox"/>	Correctional Officer
<input type="checkbox"/>	Dispatcher
<input type="checkbox"/>	Other <i>(please specify)</i>

SECTION 2 - APPLICANT INFORMATION					
Last Name		First Name		Middle Name	
List all other names you have used. Included nicknames, maiden names, and previous married surnames.					
Street Address				Apt/Unit #	
City		State		ZIP	
E-mail Address					
Home Phone		Cell Phone		Work Phone	
Date Available <i>(mm/dd/yyyy)</i>		Social Security No.		Desired Salary	\$
Driver's License No. and State		Birth Date <i>(mm/dd/yyyy)</i>			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for Wapello County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

SECTION 3 - HIGH SCHOOL EDUCATION				PLEASE ATTACH TRANSCRIPT TO APPLICATION			
Name		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED <input type="checkbox"/>		
Name		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED <input type="checkbox"/>		
Name		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED <input type="checkbox"/>		

SECTION 4 - COLLEGE/UNIVERSITY EDUCATION				PLEASE ATTACH TRANSCRIPT TO APPLICATION				
Name		Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Minor		
Name		Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Minor		
Name		Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Minor		
If you are working toward a degree, please give the anticipated completion date (mm/dd/yyyy).						Degree		
Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career?							YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, name of school:		Date (mm/dd/yyyy)	Type of Action Taken:					

SECTION 5 - AWARDS, HONORS, ABILITIES, CERTIFICATIONS	
List awards, honors, citations, athletic endeavors, and any other special recognition you received.	
List any special abilities, computer skills, special interests or hobbies.	
List languages in addition to English, including American Sign Language, that you either speak, write, or read fluently.	
If you are licensed or certified to practice a trade or profession, complete the following:	
Specialty:	License issued by:

SECTION 6 - PREVIOUS EMPLOYMENT

Company				Phone				
Address				Supervisor				
Job Title			Starting Salary		\$	Ending Salary		\$
Responsibilities								
From			To			Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>								
Company				Phone				
Address				Supervisor				
Job Title			Starting Salary		\$	Ending Salary		\$
Responsibilities								
From			To			Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>								
Company				Phone				
Address				Supervisor				
Job Title			Starting Salary		\$	Ending Salary		\$
Responsibilities								
From			To			Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>								

SECTION 7 - RESIDENCE HISTORY

List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home, and all address including any off military base). If additional space is needed, please attach a separate sheet.

Dates (mm/dd/yyyy)		Street Address (include Apt, Unit, or PO Box)	City, State, ZIP	County
From	To			

SECTION 8 - RELATIVES

Please provide complete names, including full middle names, and complete addresses. If additional space is needed, please attach a separate sheet.

Father's Name		Employer	
Street Address		Employer Street Address	
City, State, ZIP		Employer City, State, ZIP	
Telephone	Birth Date	Occupation	
Mother's Name		Employer	
Street Address		Employer Street Address	
City, State, ZIP		Employer City, State, ZIP	
Telephone	Birth Date	Occupation	
Spouse's Name (include maiden name)		Employer	
Street Address		Employer Street Address	
City, State, ZIP		Employer City, State, ZIP	
Telephone	Birth Date	Occupation	
Child's Name		Child's Name	
Street Address		Street Address	
City, State, ZIP		City, State, ZIP	
Telephone	Birth Date	Telephone	Birth Date
Child's Name		Child's Name	
Street Address		Street Address	
City, State, ZIP		City, State, ZIP	
Telephone	Birth Date	Telephone	Birth Date
Child's Name		Child's Name	
Street Address		Street Address	
City, State, ZIP		City, State, ZIP	
Telephone	Birth Date	Telephone	Birth Date

SECTION 9 - ADDITIONAL RELATIVES*Brothers, Sisters, Step-Brothers, Step-Sisters*

Relative's Name		Employer
Street Address		Employer Street Address
City, State, ZIP		Employer City, State, ZIP
Telephone	Birth Date	Occupation
Relative's Name		Employer
Street Address		Employer Street Address
City, State, ZIP		Employer City, State, ZIP
Telephone	Birth Date	Occupation
Relative's Name		Employer
Street Address		Employer Street Address
City, State, ZIP		Employer City, State, ZIP
Telephone	Birth Date	Occupation
Relative's Name		Employer
Street Address		Employer Street Address
City, State, ZIP		Employer City, State, ZIP
Telephone	Birth Date	Occupation
Relative's Name		Employer
Street Address		Employer Street Address
City, State, ZIP		Employer City, State, ZIP
Telephone	Birth Date	Occupation
Relative's Name		Employer
Street Address		Employer Street Address
City, State, ZIP		Employer City, State, ZIP
Telephone	Birth Date	Occupation

SECTION 10 - FINANCIAL RECORD

What is the total amount of your monthly financial obligations?			
Are monthly financial obligations kept current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:
Do you have any sources of income other than your salary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:

SECTION 11 - COURT RECORD

List any and all criminal tickets, criminal arrests and/or convictions, of any kind, that you have ever had. Also list any civil suits in which you were a defendant (other than divorce-related).

Date	Place	Incident	Final Disposition	Details

Has any member of your immediate family (spouse, parent, brother, sister, child) ever been arrested for any violation other than traffic offenses?			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:	
Have you ever been a plaintiff or defendant in any court action (including protective orders or divorce)?			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:	

SECTION 12 - SELECTIVE SERVICE/MILITARY RECORD

Have you ever (check all that apply below):

Registered with Selective Service, if applicable?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Applied for a position with any branch of the Armed Forces of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Been rejected by any branch of the Armed Forces for any reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, state reason:
Been inducted into any branch of the Armed Forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, complete sections below.
Served on active duty in any branch of the Armed Forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, complete sections below.
Dates of active duty (mm/dd/yyyy)	Branch of Military Service		
Highest Rank Attained	Serial Number	Type of Discharge	
Date, County, State DD-214 Form Recorded (provide a copy of your DD-214 with application)			
Member of Reserve/National Guard?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Service Branch
			Location
Was any type of disciplinary action taken against you in the service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Nature of disciplinary action?

SECTION 13 - PROFESSIONAL REFERENCES*Please list **three** professional references.*

Full Name		Relationship	
Company		Phone	
Address		Years Known	
Full Name		Relationship	
Company		Phone	
Address		Years Known	
Full Name		Relationship	
Company		Phone	
Address		Years Known	

SECTION 14 - ORGANIZATION MEMBERSHIP (OPTIONAL)*List any membership in any club, society or organization.*

Organization	City, State, ZIP	Dates	List Positions Held and Extent of Activity

SECTION 15 - VOLUNTEER ACTIVITIES (OPTIONAL)*List any volunteer activities, including volunteer fire fighting, EMS, police or sheriff reserve, and civic activities.*

Organization	City, State, ZIP	Dates	List Positions Held and Extent of Activity

SECTION 16 - DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Employment

1. Have you ever been terminated or asked to resign from any employment? Yes No
If yes, provide details.

2. Will the job you are applying for be your primary employment? Yes No
If no, list other employers.

Drug/Alcohol Usage

Note: In questions 3, 4, 5 and 6, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete details.

3. Do you drink alcoholic beverages? Yes No
If yes, to what degree.

4. Have you ever used marijuana? Yes No
If yes, what were the circumstances.

How many times have you used marijuana?

When was the last time you used marijuana?

5. Have you ever used any other illegal drugs, including but not limited to: opiates, pills, heroin, cocaine, crack, crack, ecstasy, etc.? Yes No

If yes, what were the circumstances?

When was the last time?

6. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician? Yes No

If yes what were the circumstances?

When was the last time?

Driver's License

7. Has your licensed ever been suspended or revoked? Yes No
If yes, give details.

8. Have your driving privileges ever been restricted by a court? Yes No
If yes, give details.

General Questions

9. If it became necessary to take a human life in the course of your duties as a law enforcement officer, would you be able to do so? Yes No If no, please explain:

10. Have you ever taken anything from your employer worth more than five dollars? Yes No
If yes, please explain.

11. Have you ever been disciplined at any place of employment? Yes No
If yes, please explain.

12. Has your automobile insurance ever been refused or cancelled? Yes No
If yes, please explain.

13. In the space below, explain why you want to be employed with the Wapello County Sheriff's Office.

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 Wapello County Sheriff's Office whether the said records are of a public, private or confidential nature.

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. Veterans 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 with Wapello County. I also certify that any person(s) who may furnish such information 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 Wapello County Sheriff's Office and Wapello County; 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) IS COMPLETE, TRUE, AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT 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 of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

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

Signature of Applicant

Date

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