

WAPELLO COUNTY SHERIFF'S OFFICE

**330 WEST SECOND STREET
OTTUMWA, IOWA 52501**

AN EQUAL OPPORTUNITY EMPLOYER

QUALIFIED APPLICANTS ARE ELIGIBLE TO COMPLETE FOR ALL POSITIONS WITHOUT REGARDS TO RACE, COLOR, NATIONAL ORIGIN, SEX, CREED, AGE OR MARATIAL STATUS

APPLICATION FOR EMPLOYMENT

Notice: 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 N/A (not applicable). If space provided is not sufficient for complete answers, or you wish to furnish additional information, see Page 9 of this application.

Check position(s) applied for: Deputy Sheriff
 (You may apply for more than one position) Detention Officer
 Clerical
 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 names, previous married surname(s)

d. Date of Birth (month, day, year) | e. Place of Birth | f. Are you a U. S. citizen?
 YES NO

g. Driver's license number | h. Driver's license State

i. Do you have any relatives currently employed by Wapello County? Yes No (If yes, list names and relationship)

CONTACT INFORMATION

Current Address | Apartment Number

City | State | Zip Code

Home Phone Number (with area code) | Contact/work phone number (with area code) am pm

EDUCATION INFORMATION

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

High School

Name	Address	dates attended		
		From	To	date graduated

College/University

Name of School & Location	Dates attended		Credit Received (hrs)		Field of Study, Type of Major		
	From	To	Semester	Quarter	Major	Minor	Obtained Degree

a. If you are working towards 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? NO YES

If yes, complete the following: _____

c. Type of action taken: _____
School Date

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

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

f. List languages, including American Sign Language (A.S.L.), in addition to English that you speak, read and write fluently:

g. If you are licensed or certified to practice a trade or profession, complete the following:

Specialty: _____ License issued by: _____

RESIDENCE HISTORY

List Chronologically ALL of your residences in the past 10 years (including addresses while attending school, if away from home, and all military addresses, including any off-military cases):

Dates		Apt.	Street Address	City	County	State/zip
From	To	No.				

FINANCIAL RECORD

- a. What is the total amount of your monthly financial obligations? _____
- b. Are monthly financial obligations kept current? YES NO
If no, explain _____

- c. Do you have any other sources of income other than your salary? YES NO
If yes, explain _____

COURT RECORD

- a. Have you ever been arrested or charged with any violation including traffic citations, but not parking tickets?
 YES NO (List all 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	Charges	Final Disposition	Details

- b. Any members of your family, i.e. spouse, parent, brothers or sisters, ever been arrested for any violation other than traffic?
 YES NO If yes, list by name, D.O.B., and charge(s).

- c. Have you ever been a plaintiff or defendant in any court action (including divorces)? YES NO
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? NO YES

Applied for a position with any branch of the Armed Forces of the United States? NO YES

Been rejected by any branch of the Armed Forces for any reason? NO YES
If Yes, state reasons(s):

Been inducted into any branch of the Armed Forces? NO YES
If yes, complete sections c-n

Served on active duty in any branch of the Armed Forces? NO YES
If yes, complete sections c-n

b. Dates of active duty(month, day, year) c. Branch of military service d. Highest rank attained e. Serial number

From _____ To _____

f. Type of discharge _____ g. Member of Reserve/National Guard? NO YES

Date DD-214 form recorded _____ Service Branch _____

County: _____ State: _____ Location: _____
(If discharged, provide a copy of your military release Form DD-214)

h. Was any type of disciplinary action taken against you in the service? NO YES

If yes, nature of disciplinary action: _____

ORGANIZATION MEMBERSHIP

a. Are you, or have you ever been a member of any club, society or organization? NO YES
If yes, list below. DO NOT ABBREVIATE.

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

VOLUNTEER ACTIVITIES

Volunteer activities (includes volunteer fire fighting, police or sheriff reserve, internships and civic activities)

Sponsoring Organization	City/State	Dates	List positions(s) held and extent of activity

EMPLOYMENT

List your work experience, starting with your most recent (include summer and part-time employment). Account for all time.
If unemployed for a period of time, indicate, setting forth dates of unemployment.

1. Name of Employer	Dates of employment	Salary
Address		Position and kind of work
City, State & Zip		Name of Supervisor
Telephone number (with Area Code)		Reason for leaving
2. Name of Employer	Dates of employment	Salary
Address		Position and kind of work
City, State & Zip		Name of Supervisor
Telephone number (with Area Code)		Reason for leaving
3. Name of Employer	Dates of employment	Salary
Address		Position and kind of work
City, State & Zip		Name of Supervisor
Telephone number (with Area Code)		Reason for leaving
4. Name of Employer	Dates of employment	Salary
Address		Position and kind of work
City, State & Zip		Name of Supervisor
Telephone number (with Area Code)		Reason for leaving
5. Name of Employer	Dates of employment	Salary
Address		Position and kind of work
City, State & Zip		Name of Supervisor
Telephone number (with Area Code)		Reason for leaving

RELATIVES

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

a. Father	Employer/occupation
Street Address	Street Address
City State Zip	City State Zip
D. O. B. Telephone number	Telephone number
b. Mother	Employer/occupation
Street Address	Street Address
City State Zip	City State Zip
D. O. B. Telephone number	Telephone number
c. Spouse (if wife, include maiden name)	Employer/occupation
Street Address	Street Address
City State Zip	City State Zip
D. O. B. Telephone number	Telephone number
Other relatives (brothers, sisters, step parents, step sisters. If additional space is needed use separate piece of paper.	
Name/relationship	Employer/occupation
Street Address	Street Address
City State Zip	City State Zip
D. O. B. Telephone number	Telephone number
Name/relationship	Employer/occupation
Street Address	Street Address
City State Zip	City State Zip
D. O. B. Telephone number	Telephone number
Name/relationship	Employer/occupation
Street Address	Street Address
City State Zip	City State Zip
D. O. B. Telephone number	Telephone number
Name/relationship	Employer/occupation
Street Address	Street Address
City State Zip	City State Zip

REFERENCES

Give three references (friends, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, who have known you well for at least three years, preferably those who have known you during the past three years. If retired, give former occupation.

a. Complete Name	Occupation	# Yrs Acquainted
Home Address		Home Phone Number
Business Address		Business Phone Number
b. Complete Name	Occupation	# Yrs Acquainted
Home Address		Home Phone Number
Business Address		Business Phone Number
c. Complete Name	Occupation	# Yrs Acquainted
Home Address		Home Phone Number
Business Address		Business Phone Number
d. Complete Name	Occupation	# Yrs Acquainted
Home Address		Home Phone Number
Business Address		Business Phone Number
e. Complete Name	Occupation	# Yrs Acquainted
Home Address		Home Phone Number
Business Address		Business Phone Number
f. Complete Name	Occupation	# Yrs Acquainted
Home Address		Home Phone Number
Business Address		Business Phone Number
g. Complete Name	Occupation	# Yrs Acquainted
Home Address		Home Phone Number
Business Address		Business Phone Number

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 Department, whether the said records are of a public, private or confidential nature.

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 statement of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private or public 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 part, upon this release authorization, will be considered in determining my suitability for employment by the Wapello County Sheriff's Department. 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 Wapello County Sheriff's Department 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 THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THE APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or FAX of this 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 for Release of Personal Information".

Date

Signature

APPLICATION SIGNATURE

Date _____

I, _____ ; do hereby swear and affirm that each statement and all information in or supplementing this application are 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.

I further understand that my application will not be processed and that I will not be considered for a position with the Wapello County Sheriff's Department unless the following actions have been taken, and the required materials have been included with the application. **THIS APPLICATION MUST BE COMPLETELY FILLED OUT.**

I understand that I must meet and maintain all minimum qualification standards from the time my application is submitted through the end of the selection process..

I understand that **ALL** submitted materials become the property of the Wapello County Sheriff's Department.

Signature of Applicant

WAPELLO COUNTY
Equal Employment Opportunity Survey
(For Statistical Use Only)

To All Applicants:

Wapello County is committed to the principles of equal employment opportunity and affirmative action. To evaluate the success of our EEO/AA program we much collect information about job applicants. Please share some information about yourself to assist us in doing this. This information is used only for program evaluations and reporting requirements.

PLEASE WRITE YOUR NUMBERED RESPONSE TO ITEMS **A** THROUGH **H** IN THE CORRESPONDING BOXES

A	B	C	D	E	F	G	H
[]	[]	[]	[]	[] [] []	[]	[]	[]

A. What sex are you?

- 0. Male
- 1. Female

B. What is your age?

- 0. 18 or younger
- 1. 19-29
- 2. 30-39
- 3. 40-49
- 4. 50-59
- 5. 60-69
- 6. 70 or over

C. What is the highest level of Education you attained?

- 0. 0-8 years
- 1. 9-12 years, but not HS graduate
- 2. High School graduate or GED
- 3. Post high School Vocational or business school training.
- 4. Some college, less than BA or BS degree
- 5. BA, BS or similar undergraduate degree
- 6. MA, MS or similar graduate degree
- 7. PhD, JD or similar professional degree
- 8. MD or similar professional degree

D. Of which racial/ethnic group(s) do you consider yourself a member? (Multiple responses are acceptable)

- | | |
|-----------------------|--|
| 0. White | 1. Black or African American |
| 2. Asian | 3. Native Hawaiian or other Pacific Islander |
| 4. American Indian | 6. Alaska Native |
| 5. Hispanic or Latino | |

E. How did you learn about this job?

- 0. Department employee
- 1. Friend
- 2. Newspaper/periodical
- 3. Job Service of Iowa
- 4. Television
- 5. High School/college
- 6. Radio
- 7. Walk-in _____
- 8. Other _____

F. Are you currently a county employee?

- 0. No
- 1. Yes

G. Have you previously applied for a position with the Sheriff's Dept.

- 0. No
- 1. Yes

If yes, provide date(s) of previous applications

H. To qualify for veteran's preference, you must served in the military during one of the following periods.

- 0. August 2, 1990 through (date yet determined by Congress)
- 1. August 5, 1984 through May 7, 1975
- 2. June 25, 1950 through Jan. 31, 1955
- 3. I do not qualify for veteran's preference

(a copy of your DD214 must accompany your application if you served in the military. If you are currently serving in the military, the DD214 form must be submitted prior to beginning the academy if you are offered a Final Offer of Employment.)

Wapello County Sheriff's Department

AUTHORIZATION FOR RELEASE OF CREDIT HISTORY INFORMATION

Employees of the Wapello County Sheriff's Department are required to have acceptable credit histories at the time of hiring and to maintain acceptable credit histories while employed. Therefore, before an applicant for employment is hired, before an employee is promoted, and at other appropriate times, the Department may review an individual's credit history in order to verify compliance with Departmental policy.

Information you provide below will be used to access your consumer credit report.

PLEASE PRINT LEGIBLY:

Name: _____
 Last First MI

Address: _____

S.S. # _____ Date of Birth _____

Please read carefully and sign below.

I understand that to be eligible for employment with the Wapello County Sheriff's Department, my credit history must be in good standing. I authorize the Wapello County Sheriff's Department to obtain a consumer credit report about me both before and (in the event I am hired) afterwards for the purpose of evaluating my eligibility for employment, promotion or continued employment. I understand that a copy of my credit report and a summary of my rights as a consumer will be provided to me before any decision adversely affecting my employment is made if the decision is based on my consumer credit report.

Signature

Date

Wapello County Sheriff's Department

AN EQUAL OPPORTUNITY EMPLOYER

Minimum Employment Qualification To Be Considered for Employment With the Wapello County Sheriff's Department

There shall be strict adherence to the following minimum qualifications. No exceptions will be made. Applicants not meeting or maintaining these minimum standards throughout the entire selection process will not be considered for employment.

Citizenship:

An applicant must be a citizen of the United States.

Residence:

An applicant does NOT have to be a resident of Iowa to apply
Peace Officers, once employed MUST be residents of Wapello County.

Physical Requirements:

All applicants are required by law to be in acceptable physical and mental condition to perform his/her duties as specified by the specific job description.

Driving Record:

Applicants must possess a valid driver's license. A good driving record is required. It is indicative of the applicant's respect for traffic laws and other characteristics such as good judgment, physical and mental coordination, and respect for others.

An applicant WILL NOT BE CONSIDERED for employment if he or she has been convicted of the following.

- 1) Alcohol/drug related driving offenses (including deferred judgment and sentences).
- 2) A failure to stop and render aid.
- 3) Perjury or making false statement during driver licensing procedures from any state.

Good Moral Character:

An applicant must be of good moral character, which means that he or she can be trusted and is considered by those who know him/her to be a person of good reputation and good standing in the community. When conduct is of a nature that, if known, would tend to discredit the applicant, the applicant WILL NOT be employed.

The character of a person is determined by past behavior. Many factors are relevant in this assessment. The Department seeks applicants whose histories show good judgment, maturity, a sense of responsibility, and the respect of others.

Several factors will be considered:

1. Conviction or commission of a felony, aggravated misdemeanor, or serious misdemeanor, or as defined by Iowa Law (excluding traffic violations) WILL DISQUALIFY an applicant. Conviction or commission of any public offense will be evaluated.
2. A consistent pattern of unexplained failures to meet debt obligations will be evaluated.
3. An applicant who gives false or misleading information to the Department on the application or during the application process WILL BE DISQUALIFIED.

4. History of excessive use of alcohol WILL DISQUALIFY an applicant
5. Unlawful sale of ANY drug(s) WILL DISQUALIFY an applicant
6. Unlawful use or experimentation of ANY DRUG, excluding marijuana and steroids, WILL DISQUALIFY and applicant.
7. Experimentation with marijuana or steroids will be evaluated.
8. Unlawful use of marijuana or steroids from the date of the application WILL DISQUALIFY an applicant.

OTHER CONDUCT NOT SPECIFIED WILL BE EVALUATED.

General Information:

An investigation of the applicant's background will be conducted to determine the authenticity of all information submitted on the application, as well as any other information obtained from other sources.

Operators license files will be checked to determine whether the applicant holds a valid operator's license.

Criminal history records will be accessed to determine past history.

Credit history will be obtained to determine the reliability of the applicant to pay his/her debts in a timely fashion.

Applicants are required to pass all phases of the hiring process before any offer of employment will be made:

- Phase 1. Polygraph examination
- Phase 2. Psychological Examination
- Phase 3. Medical/Drug testing
- Phase 4. Background Investigation
- Phase 5. Final Hiring/Date set for starting employment.

I acknowledge that I have read the above list of unacceptable items that may disqualify me, and the job description for the specific job for which I am applying. I understand the hiring process and will abide by it if an offer of employment is extended to me.

Applicant's Signature

Date