

# 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., Ste. 2 Burlington, IA 52601





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			Correctional Officer	Courthouse Security		
	Administrative Assistant/Clerical			Other:			
a. Name in full (last, first, middle)		Number					
c. List all other names you have used. nicknames, maiden name, and previous surname(s).				e. E-Mail address and/or websit	e		
f. Birth date (month, day, year)		g. Place of birth		h. Are you a U.S. citizen?  Yes No			
i. List all driver license number(s) issu	ed to you:		j. Current drivers	license state of issue			
k. List <u>all</u> states in which you have had a drivers license issued to you: 1. A				I. Are you currently certified by the Iowa Law Enforcement Academy?  Yes No Date Certified:  (Deputy Sheriff Only) MO/DAY/YR			
m Have you ever been issued a passp	ort? If so,	please list passport numb	er and locations trav	veled.			
Passport Number:		Locations trave	eled:				
		CONTACT I	NFORMATI	ION			
a. Current mailing address				Telephone numbers:			
Street address/P.O. Box			Apt. no.	Residence Phone Number:			
City State		Zip code	Cell Phone Number:				
b. Permanent address if different from	above						
Street address/P.O. Box			Apt. no.	Office or alternate #:			
City	State	<del>-</del>	Zip code				

### **EDUCATION RECORD**

#### TRANSCRIPTS MAY BE REQUESTED

Name		Address			D	Dates Attended			Date Graduated	
					F	From To				
College/University: Circle No. of years				5 6 or m				TD C	0 1 .	
Name of School and Location		ates ended	Credit R Semester	Quarter	Field of St of Conc			Type of Degree	Graduate YES/NO	
Name of School and Location	mo / yr	mo / yr	hours	hours	Major	Min		Degree	T LS/TTO	
76			4.1	1						
. If you are working toward a degree, ple	ase give th	ne anticipa	ited completi	on date.						
. Has any disciplinary action, including s	cholastic	probation a	and dismissa	l, ever beer	n taken again	st you d	luring y	your acade	mic career	
☐ Yes ☐ No If yes, complete the fo	ollowing:									
				Schoo	ol				Date	
Type of action taken:										
e. List awards, honors, citations, athletic e	endeavors	, and any o	other special	recognition	n you receive	ed.				
d. List any special abilities, (computer ski	lls, etc.) s	special inte	erests or hobb	oies:						
e. List languages, including American Sig	n Langua	ge (ASL),	in addition t	o English t	hat you spea	k, read a	and wr	ite fluently	:	
	ce a trade	or profess	ion complet							
<ol> <li>If you are licensed or certified to practic</li> </ol>	oo a aaac		ion, compiet	e the follov	ving:					
-		-	-		_					
•		-	-		_					
-		Licer	nse issued by	:						
F. If you are licensed or certified to practice Specialty:		Licer	-	:						
Specialty:		Licer	ERNSHI	:	licable					
-		Licer	ERNSHI	:						
Specialty:		Licer INT	TERNSHI From:	PS, if app (mo/yr)	licable		Го: (m	o/yr)		
Name of Business:  Address:		Licer	TERNSHI From: City:	PS, if app (mo/yr) _	licable		Γο: (m	o/yr)		
Name of Business:  Address:		Licer	TERNSHI From: City:	PS, if app (mo/yr) _	licable		Γο: (m	o/yr)		
Name of Business:  Address:  Work supervisor:		Licer	From: City: Examp	PS, if app (mo/yr) ble of duties	licable s performed:		Го: (т	o/yr) State:		
Name of Business:  Address:  Work supervisor:  Name of Business:		INT	From: City: Examp	PS, if app (mo/yr) ole of duties (mo/yr)	licable s performed:		Го: (me	o/yr) State:		
Name of Business:  Address:  Work supervisor:		INT	From: City: Examp	PS, if app (mo/yr) ole of duties (mo/yr)	licable s performed:		Го: (me	o/yr) State:		

#### RESIDENCE HISTORY

			11231221(02				
			sidences in the past 10 years (include base). If additional space is needed,			home, and	all military
Da	ites	Apt.		_		Ctata	Own
From	То	No.	Street Address	City	County	State	Rent
						† T	
						I	
						<u> </u>	
						1	
r			CIVIL SERVICE TESTIN	NG (Deputy Sheriff Only)			
a. Have y	ou ever beer	arrested	ce Testing? Yes  department testing was done through  COURT I  or charged with any violation incomposition incomposition in court approximation in court approxi	RECORD			
	eiture of colla		Channe	Final Disposit		Details	
Date		Place	Charge	Final Dispositi	IOII	Details	
							i
							i
							T I
							T i
sister	ever been ar	rested for	nediate family (past or present), i any violation other than traffic?	Yes No If yes,	, list below:		her, or
			f or defendant in any court action mmes of parties involved, nature of		∐ Yes	∐ No	

# SELECTIVE SERVICE/ MILITARY RECORD

a. Have you ever (check all that a	apply):					
Registered with the Selective Service, if applicable?						
Applied for a position with any	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	s for any reason?	☐ Yes ☐	No I	f yes, state reason(s)	):
Been inducted into any branch of If yes, complete sections b-h	Been inducted into any branch of the Armed Forces?					
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. Highest rank attained e. Serial Number					e. Serial Number	
f. Type of discharge					g. Member of Res	serve/National Guard?
Date DD-214 Form recorded	County	91	ate		☐ Yes ☐	No
Provide a copy of your DD-21			atc			
h. Was any type of disciplinary ac Nature of disciplinary action?		you in the service?				:
	OPC	ANIZATION N	/FMDFD(	CHID		
a. Are you now, or have you eve If yes, list below. <i>Do not abbre</i>	er been a member	ANIZATION M			☐ Yes ☐ No	)
•	er been a member eviate.			ation?		and extent of activity
If yes, list below. Do not abbre	er been a member eviate.	of any club, socie	ty or organiz	ation?		
If yes, list below. Do not abbre	er been a member eviate.	of any club, socie	ty or organiz	ation?		
If yes, list below. Do not abbre	er been a member eviate.	of any club, socie	ty or organiz	ation?		
If yes, list below. Do not abbre	er been a member eviate.	of any club, socie	ty or organiz	ation?		
If yes, list below. Do not abbre	er been a member eviate.  City a	of any club, socie	Dates	eation?	List position(s) held	
If yes, list below. Do not abbre	er been a member eviate.  City at VOLU	of any club, society and State  NTEER ACTIV	Dates VITIES/E	vation?	List position(s) held	
Organization  Organization	volunteer fire figh	of any club, society and State  NTEER ACTIV	Dates VITIES/E	MPLO	List position(s) held  YMENT c activities)	
Organization  Volunteer Activities (including v	volunteer fire figh	of any club, society  nd State  NTEER ACTIVATING, police or sher	Dates  VITIES/EN	MPLO	List position(s) held  YMENT c activities)	and extent of activity
Organization  Volunteer Activities (including v	volunteer fire figh	of any club, society  nd State  NTEER ACTIVATING, police or sher	Dates  VITIES/EN	MPLO	List position(s) held  YMENT c activities)	and extent of activity
Organization  Volunteer Activities (including v	volunteer fire figh	of any club, society  nd State  NTEER ACTIVATING, police or sher	Dates  VITIES/EN	MPLO	List position(s) held  YMENT c activities)	and extent of activity
Organization  Volunteer Activities (including v	volunteer fire figh	of any club, society  nd State  NTEER ACTIVATING, police or sher	Dates  VITIES/EN	MPLO	List position(s) held  YMENT c activities)	and extent of activity

#### **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	1		
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 O	ther (If wife, include maiden na	me)	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

Name and Relationship	8		Employer	Telej	phone #
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		
Name and Relationship			Employer	Telej	phone #
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		
Do you have any relatives or friend	ls employed with the	County of Des Moin	es? Yes No		
Name:			Relationship:	Division:	
Name:			Relationship:	Division:	
Name:			Relationship:	Division:	
Give three references ( <u>not</u> retheir communities, preferab					
Home address				I II	
				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 acquainta	nces		Occupation	·	No. yrs. acquainted.
_			Оссиранон		
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	1 .	No. yrs. acquainted.
Home address			•	Home phone	•
Business name and address				Bus. phone	

# **DES MOINES COUNTY SHERIFF'S OFFICE**

512 N. Main St., Ste. 2

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

# Burlington, IA 52601

I,	, do hereby authorize a review of and full disclosure of all records concerning myself to any
	the Des Moines County Sheriff's Office, whether the said records are of a public, private, or confidentia
nature, including criminal	histories.
The intent of this authoriza	ation is to give my consent for full and complete disclosure of records of educational institutions; financial or
credit institutions, includin	g records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings)
and other financial statem	ents of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals
clinics, private practitione	rs, 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 o	r another person in any case, either criminal or civil, in which I presently have, or have had an interest.
I understand that any infor	mation obtained by a personal history background investigation which is developed directly or indirectly, in
whole or in part, upon this	s 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 no
be held accountable for gi	ving this information; and I do hereby release said person(s) from any and all liability which may be incurred
as a result of furnishing s	uch 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.
APPLICATION (PERSON BEST OF MY KNOWLED	D AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS AL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE, AND ACCURATELY RECORDED TO THE OGE. I UNDERSTAND THE PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED DYMENT.
A photocopy and/or fax of thi of my signature.	s release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing
I have ro	ead and fully understand the contents of the "Authorization of Release of Personal Information".
	(Signature of Applicant)

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

(Date)