PLYMOUTH COUNTY SHERIFF

451 14TH AVENUE NE
LEMARS, IOWA 51031
AN EQUAL OPPORTUNITY EMPLOYER

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

APPLICATION FOR EMPLOYMENT
For Deputy Sheriff

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 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.

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 applied with the Plymouth Co Sheriff? If yes, specify dates.	e. E-Mail address and/or website
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) issued to you:	j. Current drivers license state of issue	
k. List all states in which you have had a drivers license issued to you:	l. Are you currently certified by the Iowa Law Enforcement Academy? ☐ Yes ☐ No Date Certified: _____ MO/DAY/YR	
m. Have you ever been issued a passport? If so, please list passport number and locations traveled. Passport Number: Locations traveled:		

CONTACT INFORMATION

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

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

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

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 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 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**.**

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 Armed Forces of the United States? ☐ Yes ☐ No

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 Forces? ☐ Yes ☐ No
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) From _____To _____	c. Branch of military service	d. Highest rank attained	e. Serial Number

f. Type of discharge _____

Date DD-214
Form recorded _____ County _____ State _____

Provide a copy of your DD-214 with application.

g. Member of Reserve/National Guard?

☐ Yes ☐ No

Service Branch _____
Location _____

h. Was any type of disciplinary action taken against you in the service? ☐ Yes ☐ No

Nature of disciplinary action? _____

ORGANIZATION MEMBERSHIP

a. Are you now, or have you ever been a member of any club, society or organization? ☐ Yes ☐ No
If yes, list below**.** ***Do not abbreviate.***

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

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 Plymouth? ☐ Yes ☐ 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 ( )

PLYMOUTH COUNTY SHERIFF'S OFFICE
451 14TH AVENUE NE
LEMARS, IOWA

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 Plymouth 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 Plymouth 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 Plymouth 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 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 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 for Release of Personal Information".

_____

(Signature of Applicant)

_____

(Date)

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

PLEASE RETURN THIS COMPLETED FORM AND APPLICATION TO THE PLYMOUTH COUNTY AUDITOR'S OFFICE AT 215 4TH AVE.SE, LE MARS, IA 51031