

Buchanan County Sheriff's Office

Employment Application

210 5th Avenue NE
 Independence, IA 50644
 (319) 334-2568
 www.buchanancountyiowa.org/sheriff



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"/>	Detention 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 Buchanan 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				
<i>List any and all arrests or violations, even if not formally charged, no court appearance, found not guilty, matter settled by payment of fine, or forfeiture of collateral. Include traffic citations but not parking tickets.</i>				
Date	Place	Charge	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				
<i>Have you ever (check all that apply below):</i>				
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



STATE OF IOWA

TERRY E. BRANSTAD
GOVERNOR

IOWA LAW ENFORCEMENT ACADEMY
ARLEN CHIECHANOWSKI, DIRECTOR

KIM REYNOLDS
LT. GOVERNOR

AUTHORIZATION FOR RELEASE OF TESTING INFORMATION TO THE POTENTIAL HIRING AUTHORITY

I, _____, hereby authorize the Iowa Law Enforcement Academy
(print name)

to provide to the following agency a report of all test results (cognitive and psychological) whether confidential or public in nature, accumulated as a result of my qualifications to be in law enforcement.

(name of hiring authority - sheriff, chief, mayor, etc.)

(Name of department or agency, e-mail address & fax number)

I understand that information shall be accessible to the above-named individual or agency for employment purposes only and do hereby consent to its dissemination. I further consent to the utilization of test results or data by the Iowa Law Enforcement Academy or its designee for purposes of educational or scientific research.

I have been advised that the Iowa Law Enforcement Academy will not release the results of the tests or its reports based on that data to any person or agency without my written authorization. I have further been advised that after the Iowa Law Enforcement Academy prepares its report based on the results of my tests, that my results will be made available to me for review by a psychologist, upon my written request and permission by the hiring authority.

I certify that any person who may furnish information concerning my test results shall not be held accountable for releasing the information; and do hereby release said person or persons from any and all liability for damage of whatever kind which may result at any time to me, my heirs, and family or associates because of compliance with this waiver and release of information, or any attempt to comply with it.

I further release the State of Iowa, the Iowa Law Enforcement Academy, or its designee individually or collectively, from any and all liability for damage of whatever kind which may result to me, my heirs, and family or associates because of compliance with this waiver and release of information, or any attempt to comply with it.

Date _____ Signature _____

Social Security Number _____ - _____ - _____

Hiring Authority's Signature _____