



**MILITARY SERVICE**

Have you served in the U.S. military service? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge \_\_\_\_\_

**EDUCATION**

Circle highest grade completed:            9   10   11   12   GED

List name and location (city, state) of high school and dates attended:

Name	Location	Dates
Have you attended college? Yes _____ No _____		
If yes, List name, location (city, state), dates and degree received. _____		
List any other training or courses related to the job you are applying for that you have completed. For each give the name and location of school, dates attended, subjects studies, and if courses were completed.		
_____		
_____		
_____		

**SPECIAL SKILLS, CERTIFICATES AND ACTIVITIES**

How many words per minute can you type? \_\_\_\_\_

List licenses or certifications you have, such as driver's, radio operator, etc.

<u>License/Certification</u>	<u>Issue Date</u>	<u>State of Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List hobbies and sports you participate in: \_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been convicted of any violation (include traffic tickets or arrests)? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your driver's license ever been revoked or suspended: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you NOW under any charges for ANY violations of the law? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the above questions is YES, list below the date, place and full details of each incident. Use additional sheet if necessary.

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**RESIDENCES**

List all residences for the past 10 years beginning with your present address.

From            To            Street & Number            City            State

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**REFERENCES**

List three character references.

Name                      Address                      City                      State   Phone                      Years known

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Begin with your most recent job and list your work history for the past TEN years, including part-time, temporary, or seasonal employment, and all periods of unemployment. Account for all your time in sequence.



Present or last employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

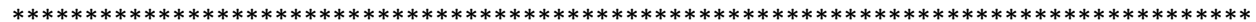
Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Description of your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_



Present or last employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Description of your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Present or last employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Description of your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_



Present or last employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Description of your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_



Present or last employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Description of your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Do you have any conflicts which would prevent you from fully performing the duties of the position for which you are applying, including working weekend, evenings or night shifts? Including the use of deadly force, if necessary?

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Have you ever made application for employment with this Agency or any Other Law enforcement or related Agency? \_\_\_\_\_

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Are there any incidents in your life or details – not mentioned herein, which may influence this office's evaluation of your suitability for employment? \_\_\_\_\_

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Do you realize you may be asked to take a polygraph examination? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you have any objections to taking such examination? Yes \_\_\_\_\_ No \_\_\_\_\_

The Clarke County Sheriff's Office is an Equal Employment Opportunity/Affirmative Action Agency: Qualified Applicants are eligible to complete for all positions without regard to Race, Color, national Origin, Sex, Creed, Religion, Age Physical or Mental Disability, or Marital Status.

CERTIFICATE OF APPLICANT

I Hereby Certify that there are no willful misrepresentations in, or falsifications of, the above statements and answers to questions. I am aware that should investigations disclose such misrepresentation or falsifications, my application will be rejected and I will be disqualified from applying in the future for any position with this Government Agency. I also authorized my former employers to give any information regarding my employment. Together with any information they may have regarding me whether or not it is on their records. I hereby release them and their company for any damage whatsoever for issuing same. I am not and have never been a member of any Subversive party or any other organization whose purpose is to overthrow American Forms of Government, Nor have I to my knowledge supported, contributed to, or promoted such organizations or purposes. I understand that any offer of employment is subject to satisfactory results from a physical examination by a physician designated by Clarke County and at its expense.

Date: \_\_\_\_\_ Signed \_\_\_\_\_

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

I certify that there are no misrepresentation, Omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material information has been omitted.

Date: \_\_\_\_\_ Signed \_\_\_\_\_

#### Authorization and Release

As required by senate file 115 (The security and privacy bill) which became Iowa law on August 15, 1973, I hereby authorized the Sheriff's Office of Clarke County, Osceola, Iowa and/or any other Law Enforcement Agency of the State of Iowa, or any other Law Enforcement Agencies, to give to authorized representatives of the Clarke County Sheriff's Office any information which it may have, possess, or may obtain bearing upon any criminal or misdemeanor record that I may have.

It is understood that any information so obtained may be used in determining any fitness for employment by the Clarke County Sheriff's Office.

I hereby release the above Law Enforcement agencies and/or any officials and employees thereof from any claims, demands, or rights that I may have against them.

I understand that any false information I may have given, written or orally, will be sufficient cause for my immediate dismissal in the event that I am employed by the Clarke County Sheriff's Office, Osceola Iowa.

Date: \_\_\_\_\_ Signed \_\_\_\_\_