

Davis County Sheriff's Office

Employment Application

102 Anderson Street
Bloomfield, IA 52537
(641) 664-2385
<https://www.daviscountyiowa.gov/sheriffs-department/>



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"/>	Correctional 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 Davis 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							
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									
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 - COURT RECORD

List any and all criminal tickets, criminal arrests and/or convictions, of any kind, that you have ever had. Also list any civil suits in which you were a defendant (other than divorce-related).

Date	Place	Incident	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:	
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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:	
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SECTION 8 - SELECTIVE SERVICE/MILITARY RECORD

Have you ever (check all that apply below):

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 9 - 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 10 - 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 11 - 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 12 - 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

Employment

1. Have you ever been terminated or asked to resign from any employment? ☐ Yes ☐ No
If yes, provide details.

2. Will the job you are applying for be your primary employment? ☐ Yes ☐ No
If no, list other employers.

Drug/Alcohol Usage

Note: In questions 3, 4, 5 and 6, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete duties.

3. Do you drink alcoholic beverages? ☐ Yes ☐ No
If yes, to what degree.

4. Have you ever used marijuana? ☐ Yes ☐ No
If yes, what were the circumstances.

How many times have you used marijuana?

When was the last time you used marijuana?

5. Have you ever used any other illegal drugs, including but not limited to: opiates, pills, heroin, cocaine, crack, ecstasy, etc.?

☐ Yes ☐ No

If yes, what were the circumstances?

When was the last time?

6. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?

☐ Yes ☐ No

If yes what were the circumstances?

When was the last time?

Driver's License

7. Has your licensed ever been suspended or revoked?

☐ Yes ☐ No

If yes, give details.

8. Have your driving privileges ever been restricted by a court?

☐ Yes ☐ No

If yes, give details.

General Questions

9. If it became necessary to take a human life in the course of your duties as a law enforcement officer, would you be able to do so? ☐ Yes ☐ No If no, please explain:

10. Have you ever taken anything from your employer worth more than five dollars? ☐ Yes ☐ No
If yes, please explain.

11. Have you ever been disciplined at any place of employment? ☐ Yes ☐ No
If yes, please explain.

12. Has your automobile insurance ever been refused or cancelled? ☐ Yes ☐ No
If yes, please explain.

13. In the space below, explain why you want to be employed with the Davis County Sheriff's Office.