

HARRISON COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION

Position Applied For _____ Deputy Sheriff Date of Application _____
_____ Full Time Jailer
_____ Part Time Jailer
_____ Clerical/Office
_____ Other _____

Personal:

Applicant's Full Name _____ Maiden Name _____
Address _____ Phone Number _____
S.S. # _____ Date of Birth _____

Education:

Highest level of Education (circle one) High School 9 10 11 12 College 1 2 3 4

Elementary School Attended _____

Address _____

High School Attended _____

Address _____ Course of Study _____

College / University Attended _____

Address _____ Course of Study _____

Other Education _____

Address _____ Course of Study _____

References: (List other than family)

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Employment Experience: (Start With Present or Last Job)

1. Employer _____ Address _____
Phone # _____ Supervisor _____
Position/Job Title _____
Work Performed _____

Employed From: _____ To: _____

Reason for Termination _____

2. Employer _____ Address _____
Phone # _____ Supervisor _____
Position/Job Title _____
Work Performed _____

Employed From: _____ To: _____

Reason for Termination _____

3. Employer _____ Address _____
Phone # _____ Supervisor _____
Position/Job Title _____
Work Performed _____

Employed From: _____ To: _____

Reason for Termination _____

4. Employer _____ Address _____
Phone # _____ Supervisor _____
Position/Job Title _____
Work Performed _____
Employed From: _____ To: _____

Reason for Termination _____

List Professions, Trades, Business or Civic Activities and Offices Held: _____

Military:

Branch of Service _____ Served From: _____ To: _____

Rank _____ Commanding Officer _____

Specialized Skills _____

1. Have you ever filed an application with the Sheriff's Office before? Yes _____ No _____
 2. If so, when? _____
 3. Are you 18 years of age or older? Yes _____ No _____
 4. May we contact your present or past employers? Yes _____ No _____ If not, state as to why _____
 5. Have you ever been charged or convicted of domestic abuse? Yes _____ No _____ If so, state when and where _____
 6. Have you ever been charged with a sexual act or crime? Yes _____ No _____ If so, state when and where _____
 7. Have you ever or are you currently registered as a sexual offender? Yes _____ No _____ If so, which state? _____
 8. Have you ever had a gun permit revoked or suspended? Yes _____ No _____ If so, state when and where _____
 9. Do you have a current valid driver's license? Yes _____ No _____ Which state? _____
 10. Has your license ever been denied, revoked or suspended? Yes _____ No _____ If so, state when, where and the reasons for action taken _____
 11. Have you ever been charged with an intoxicating offense? Yes _____ No _____ If so, state when and where _____
 12. Have you ever used illegal drugs? Yes _____ No _____ Have you ever been charged or convicted of using illegal drugs? Yes _____ No _____ If so, state when and where _____
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13. Will you submit to a polygraph test? Yes _____ No _____ If not, state why _____

14. Have you ever been involved in civil litigation? Yes _____ No _____ If so, state why _____

15. Have you ever been charged with a criminal act? Yes _____ No _____ If so, state _____

16. Have you ever been convicted of a felony? Yes _____ No _____ If so, please state _____

17. Do you have a problem with using deadly force? Yes _____ No _____ If so please state _____

18. Do you currently have a relative working in the Sheriff's office? Yes _____ No _____

19. Are you a citizen of the United States of America? Yes _____ No _____

20. Can you pass the requirements of the Iowa Law Enforcement Academy: (DEPUTY SHERIFF POSITION ONLY)

Sit and Reach Test? Yes _____ No _____

One Minute Sit-up Test? Yes _____ No _____

One Minute push-up Test? Yes _____ No _____

1.5 Mile Run? Yes _____ No _____

APPLICANTS STATEMENT:

I hereby authorize the Sheriff of Harrison County or his designee to conduct a driver's license, criminal history record, domestic abuse registry and sexual offender registry check of my records.

I understand that in the event of my employment, any information that was false or misleading in my application or interviews may result in termination. I also understand that if employed I am required to obey all rules and regulation of the office I am assigned.

I certify that the application and answers that have been given are complete and true to the best of my knowledge.

Applicant's Signature and Date

For Office Use	
Interviewed :	_____ Date _____
Remarks:	_____ _____
Employed _____	Date of Employment _____
Job Title _____	Office _____
By _____	Date _____