

Buena Vista County Sheriff's Office

Employment Application



411 Expansion Blvd
P.O. Box 276
Storm Lake, IA 50588
(712) 749-2530

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 N/A. 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" x11") 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"/>	Jail <input type="checkbox"/> Full Time Jailer <input type="checkbox"/> Part Time Jailer <input type="checkbox"/> Kitchen Staff
<input type="checkbox"/>	911 Dispatcher
<input type="checkbox"/>	

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 Buena Vista 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

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.

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List any special abilities, computer skills, special interests or hobbies.

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List languages in addition to English, including American Sign Language, that you either speak, write, or read fluently.

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If you are licensed or certified to practice a trade or profession, complete the following:

Specialty:		License issued by:	
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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 NO

If no, please explain:

Do you have any sources of income other than your salary?

YES NO

If yes, please explain:

SECTION 11 - COURT RECORD*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.*

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 NO

If yes, please explain:

Have you ever been a plaintiff or defendant in any court action (including protective orders or divorce)?

YES NO

If yes, please explain:

SECTION 12 - SELECTIVE SERVICE/MILITARY RECORD*Have you ever (check all that apply below):*

Registered with 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:

Been inducted into any branch of the Armed Forces?

YES NO

If yes, complete sections below.

Served on active duty in any branch of the Armed Forces?

YES NO

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 NO

Service Branch

Location

Was any type of disciplinary action taken against you in the service?

YES NO

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
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AUTHORIZATION TO RELEASE INFORMATION

We appreciate your interest in employment opportunities with the Buena Vista County Sheriff's Office. As part of our normal procedure during the pre-employment process, we may perform a routine inquiry into your background based on the information you have provided us. In order for such information to be released, we need your concurrence. Therefore, please read the following statement **carefully** and indicate your agreement by signing below.

TO WHOM IT MAY CONCERN:

I hereby authorize the Buena Vista County Sheriff's Office (the "Employer"), or other authorized representative of the Employer, within one (1) year from the date hereof, to obtain any information in your files pertaining to my employment, military record, credit record, law enforcement record, medical or educational records, including, but not limited to, academic, achievement, attendance, criminal, personal history and disciplinary records. I hereby direct you to release such information upon request of the Employer or its authorized representative. I hereby release the Employer and any authorized representative, as custodian of such records, and any school, college, university, or other educational institution; hospital, or other repository of medical records; credit bureau; law enforcement agency; lending institution; consumer reporting agency; or other business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages whatsoever, which may at any time result to me, my heirs, family or associates because of the Employer's request for and/or review of records described in this Authorization to Release Information. Should there be any questions as to the validity of this Release, you may contact me as indicated below.

Date: _____

Signature - Full Name

Print or Type - Full Name

Current Address-Print or Type

Driver's License Number

State of Issue

Social Security Number

(Area Code) Telephone number

Have you been known by any other names? _____