



O'BRIEN COUNTY SHERIFF

240 1st street NE PO Box 260, Primghar, IA 51245-0260

Deputy Sheriff Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons.

Applicant name: _____ **Date:** ____/____/_____

Address: _____ City: _____ State: _____

ZipCode: _____ Telephone #: _____ Cell phone#: _____

Social Security #: _____ Drivers License #: _____

Drivers License State: _____ E-Mail address: _____

Date available to start work: ____/____/_____

Are you ILEA Certified? Yes No Are you certified in any other state? Yes No

Do you have at least a two-year degree in Criminal Justice, Police Science, or other related field? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

Are you a military veteran? Yes No Date of discharge: ____/____/_____

Have you ever been convicted of a crime in the last 7 years? Yes No

If yes, please explain (*a felony conviction will automatically bar employment*): _____

Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

May we call you at home to follow up on this application? [] Yes [] No

If yes what is the best time to call? _____ Which phone number should we use? _____

May we call you at work to follow up on this application? [] Yes [] No

If yes what is the best time to call? _____ Which phone number should we use? _____

List hobbies you enjoy:

Membership(s) in organization(s)? Please list:

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and year's known (do not list relatives or employers):

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____