



OFFICE OF THE SHERIFF
MARSHALL COUNTY

JOEL R. PHILLIPS, SHERIFF
BEN W. VEREN, Chief Deputy * PATRICK W. WHITE, Chief Jailer
2369 JESSUP AVENUE, MARSHALLTOWN, IOWA 50158
Telephone: 641-754-6380 Fax: 641-754-6369 Email: sheriff@co.marshall.ia.us



APPLICATION FOR EMPLOYMENT

Check one: Deputy Sheriff Jailer Clerical Courthouse Security Reserve Deputy Sheriff Other

Date: _____

NOTICE: Applications must be typewritten or clearly printed in ink. All questions must be answered, and accompanying documents received prior to processing. **Exception-If waiting for official documents, note in appropriate area. If not applicable, indicate N/A (not applicable).** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as the application and number the sheets to correspond with the questions.

1. PERSONAL HISTORY STATEMENT

Full Name _____ Social Security # _____

Street Address _____ Home Phone # _____

City _____ State _____ Zip _____ Mobile Phone # _____

Email address: _____

*Male *Female *Date of Birth _____ *Age _____ * Race _____

Are you a U. S. Citizen? Yes No Place of Birth _____

Have you taken the Civil Service Examination before? Yes No If so, what date: _____

Have you ever been employed by Marshall County? Yes No If so, in what department?

Dates: _____ to _____

Are you currently a certified peace officer by the Iowa Law Enforcement Academy? Yes No

If so, what date: _____

“MARSHALL COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER”

*Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on this application is intended to secure information to be used for such discrimination.

Return completed application to:

Marshall County Sheriff’s Office
2369 Jessup Avenue
Marshalltown, Iowa 50158

Email: twosley@marshallcountya.gov

Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

Scars, Marks, or Tattoos _____

List all names that you have ever used including maiden names:

If married, spouse's name _____
First Middle Maiden Name (if applicable)

List the names and telephone numbers of person(s) that you currently or have lived with in the past 5 years:

| Dates | | Name | Telephone Number | Address |
|-------|----|------|------------------|---------|
| From | To | | | |
| | | | | |
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2. RESIDENCES

A. List chronologically, **all** of your residences for the last ten (10) years (including addresses while attending school if away from home and military addresses including any off-base housing).

| Dates | | Street Address | Apt # | City | County | State |
|-------|----|----------------|-------|------|--------|-------|
| From | To | | | | | |
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3. EDUCATION RECORD

Attach both high school and college transcripts to this application. Your application will not be processed without these transcripts. **Exception-If waiting for official transcripts note in appropriate area.**

| High School Name and Address of School | Dates | |
|---|-------|----|
| | From | To |
| | | |
| | | |
| | | |

| College or University | Dates | | Major | Degree |
|--------------------------|-------|----|-------|--------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |

Other education, training, or special skills you possess:

a. If you are working on a degree, please give the anticipated completion date: _____

Type of degree expected: _____ Name of institution: _____

b. Were you ever dismissed from a school, or was any disciplinary action against you?

Yes No _____
Name of School Date

Type of action: _____

c. List awards, honors, citations, positions held in school organizations, athletic endeavors and any other recognition you received while in school.

4. ORGANIZATION MEMBERSHIP

- a. Are you now, or have you ever been a member of any club, society, or organization? Yes No
 If yes, please list them below, do not abbreviate.

| Name and Address | Type (social, fraternal, professional, etc.) | Office Held | Membership Dates | |
|------------------|--|-------------|------------------|----|
| | | | From | To |
| | | | | |
| | | | | |
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5. REFERENCES

Give three (3) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, who have known you for at least five (5) years, preferably those who have known you during the past five (5) years. If retired, please give their former occupation.

| | |
|---|--|
| Complete Name _____ # Yrs. Acquainted _____ Occupation _____ | Addresses Residence: _____ Business: _____ Telephone #: _____ |
| Complete Name _____ # Yrs. Acquainted _____ Occupation _____ | Addresses Residence: _____ Business: _____ Telephone #: _____ |
| Complete Name _____ # Yrs. Acquainted _____ Occupation _____ | Addresses Residence: _____ Business: _____ Telephone #: _____ |

Give three (3) social acquaintances in your own age group.

| | |
|---|--|
| Complete Name _____ # Yrs. Acquainted _____ Occupation _____ | Addresses Residence: _____ Business: _____ Telephone #: _____ |
| Complete Name _____ # Yrs. Acquainted _____ Occupation _____ | Addresses Residence: _____ Business: _____ Telephone #: _____ |
| Complete Name _____ # Yrs. Acquainted _____ Occupation _____ | Addresses Residence: _____ Business: _____ Telephone #: _____ |

6. EMPLOYMENT

List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period of time, indicate by setting forth dates of unemployment.

| Name and Address of Employer | Dates | | Salary | Position and kind of work | Name of Supervisor | Reason for Leaving |
|---|-------|----|--------|---------------------------|--------------------|--------------------|
| | From | To | | | | |
| Name _____ Address _____ City/St _____ Telephone _____ | | | | | | |
| Name _____ Address _____ City/St _____ Telephone _____ | | | | | | |
| Name _____ Address _____ City/St _____ Telephone _____ | | | | | | |

c. Have you ever been a plaintiff or defendant in any court action (including divorce)? Yes No If yes, explain by furnishing dates, place, court, names of parties involved, nature of action and final disposition.

10. RELATIVES

Please use complete name, including middle name (no initials) and complete address.

| | |
|------------------------|-----------------|
| A. Father | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| B. Mother | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| C. Child (name) | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| D. Child (name) | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| E. Child (name) | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |

| | |
|--------------------------|-----------------|
| F. Brother (name) | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| G. Brother (name) | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| H. Brother (name) | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| I. Sister (name) | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| J. Sister (name) | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| K. Sister (name) | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |

Other relatives with whom you have resided for an extended period of time (indicate relation):

| | |
|--|--|
| Name: | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| Name: | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |
| Name: | Business (name) |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Birth Date Telephone # | Telephone # |

11. APPLICANT MISCELLANEOUS DATA

1. Are there any incidents in your life not mentioned herein which may reflect on your ability to perform the duties which you may be called upon to undertake? Yes No If yes, please explain:

2. Are you willing to take a polygraph examination (lie detector) which is required of all applicants?
 Yes No If no, explain:

3. Are there any additional remarks you would like to make?

I hereby swear and affirm that each statement and all information in or supplementing this application (personal and physical evaluation) are complete, true and accurately recorded to the best of my knowledge. I understand that providing false, misleading, and/or incomplete information on this application is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.

Signature of Applicant

Date: _____

The Marshall County Sheriff's Office is an Equal Opportunity Employer