



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@marshallcountyia.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			

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					

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

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 _____						

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 _____						
Name _____ Address _____ City/St _____ Telephone _____						
Name _____ Address _____ City/St _____ Telephone _____						

7. MILITARY RECORD

a. Have you registered with Selective Service, if applicable? Yes No

b. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Highest rank attained _____

c. Branch of military service	d. Serial Number	e. Dates of active duty: From ____/____/____ To ____/____/____ <small>Mo Day Yr Mo Day Yr</small>
-------------------------------	------------------	---------------------------------------------------------------------------------------------------------

f. Type of discharge: _____

Date DD-214 form was recorded: ____ / ____ / ____ County: _____ State: _____

(Provide a copy of your DD-214)

- h. Was any type of disciplinary action taken against you in the service? Yes No
 If yes, state the reason(s) and nature of action(s):

8. OPERATOR'S LICENSE

1. Are you a licensed motor vehicle operator? Yes No If yes, list the State(s) you are licensed in.

Driver's License Number (s) _____

2. Has your driver's license ever been suspended, revoked or denied in IOWA or any other state? Yes No

If yes, explain. _____

9. COURT RECORD

- a. Have you ever been arrested or charged with any violation, including traffic offenses or have you ever been arrested for past due tickets? Yes No (List all such matters even if you were not formally charged or there was no court appearance, including whether you were found guilty, and if the matter was settled by payment of a fine or forfeiture of bond or collateral.)

Date	Place	Charge	Disposition	Details

- b. Has any member of your immediate family or person you resided with, i.e. spouse, brothers, sisters, or children ever been a plaintiff or defendant in any civil or criminal court action? Yes No If yes, give details

Name	Relation	Charge	Date	Disposition

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