

**OFFICE OF THE SHERIFF  
MARSHALL COUNTY**

**STEVEN W. HOFFMAN, SHERIFF**

JOEL R. PHILLIPS, Chief Deputy \* PATRICK W. WHITE, Chief Jailer  
2369 JESSUP AVENUE, MARSHALLTOWN, IOWA 50158  
TELEPHONE: 641-754-6380  
FAX: 641-754-6369

Dear Applicant,

Thank you for your interest in the Nursing profession with the Marshall County Sheriff's Office.  
Enclosed are materials for your review and completion.

Your application must be filled out completely and include:

- **A copy of your birth certificate**
- **Military form DD-214 (if applicable)**
- **Certified school transcripts**
- **Current photograph**
- **A copy of your Nursing license**
- **If any of these items cannot be submitted with your application you must advise in writing that they will be forwarded.**

**The minimum standards for Marshall County Nursing applicants are as follows:**

- A.* Is a U.S. Citizen.
- B.* Is 18 years of age or older.
- C.* Is able to read and write in English.
- D.* Is of good moral character as determined by a thorough background investigation including a fingerprint search conducted of local, state and national fingerprint files.
- E.* Is not by reason of conscience or belief opposed to the use of force, when appropriate or necessary to fulfill the person's duties.
- F.* Has the ability to perform the essential elements of the position as defined in department job specifications (including keyboard/computer skills and the ability to write reports).
- G.* Is in good physical condition and free of contagious diseases as certified by a physician.
- H.* Has a valid Iowa driver's license, or the ability to obtain one by time of employment (there are additional specific requirements related to a person's driving record).
- I.* Is not addicted to alcohol or drugs.
- J.* Is an appropriate candidate for employment as demonstrated by qualified psychological screening.

Sincerely,

*Patrick W. White*

Patrick W. White, Major  
Marshall County Jail Administrator

# Marshall County Sheriff's Office



## Application for Employment

Check one:     Deputy Sheriff     Jailer     Clerical     Maintenance     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. 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 \_\_\_\_\_ Business Phone # (\_\_\_\_) \_\_\_\_\_

\*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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **“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

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)

**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.

High School Name and Address of School	Dates	

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, including scholastic probation?  Yes  No \_\_\_\_\_ / / \_\_\_\_\_

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 _____	<b>Addresses</b> Residence: _____ Business: _____ Telephone #: ( _____ ) _____
Complete Name _____  # Yrs. Acquainted _____ Occupation _____	<b>Addresses</b> Residence: _____ Business: _____ Telephone #: ( _____ ) _____
Complete Name _____  # Yrs. Acquainted _____ Occupation _____	<b>Addresses</b> 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 _____ / _____ / _____ Mo Day Yr Mo Day Yr
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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). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

i. Have you ever been classified I-Y (registrant qualified for military service only during time of war or national emergency)? If yes, state reason(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 this 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, 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.

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### 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 #		
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:

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

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

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**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_