

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 \* EMAIL: sheriff@co.marshall.ia.us

Dear Applicant:

Thank you for requesting an application for employment. Enclosed are materials for your review and completion.

The Marshall County Civil Service Commission in cooperation with the Marshall County Sheriff's Office carries out the application and entire examination process.

To be eligible to take the physical fitness and written examinations, we must receive your completed application on or before the published deadline. **Your application must be filled out completely and include the following:**

- Certified copy of your birth certificate**
- Military form DD-214 (if applicable)**
- Current photograph (attached to application)**

**Your application will not be considered further if any of these requirements are not met.**

Please be advised that the Marshall County Civil Service Commission will certify a list of up to 10 applicants from the testing and interview process. This list will be utilized for the purpose of filling vacant deputy sheriff positions for a period not to exceed two years from the test date. A study guide may be purchased for the written test and is available upon request. We appreciate your interest in law enforcement. If you should have any further questions, please contact Tammi Woosley at (641) 754-6380.

Sincerely,



Steven Hoffman  
Sheriff

TO: Applicant for Law Enforcement Test

FROM: Marshall County Civil Service Commission

The attached packet includes an application and personal history statement. The application and personal history must be returned to the Marshall County Sheriff's Office by 4:30 PM Friday, February 15, 2019 or postmarked no later than Friday, February 15, 2019. For those taking the written test, there will be a charge of \$11.00 for the cost of the test booklets. This fee must be paid on the day of the test.

The Physical Endurance test will be given at 8:00 a.m. on Saturday, March 2, 2019 at the Marshalltown High School Roundhouse, 1602 S. 2<sup>nd</sup> Ave., Marshalltown. Those passing the endurance test will be given the written exam at 10:00 a.m. the same day at the Marshall County Sheriff's Office. Oral interviews will be scheduled on the same day beginning at 12:30 p.m.

If you have taken the Stanard & Associates test, please indicate this on the personal history statement and also give the date you took the test. Applicants must pass the written test with a score of at least 70% on each of the 4 sections required according to ILEA standards.

A study guide for the written law enforcement test is available at the Marshall County Sheriff's Office at a cost of \$3.50. Standards for the physical endurance test, as adopted by the Iowa Law Enforcement Academy, are attached to the application form.

Upon being hired and employed one year, Iowa certified candidates will receive a \$3000 employee bonus incentive and non-certified candidates will receive a \$1000 employee bonus incentive.

Applicants must be able to meet all minimum standards for acceptance into the Iowa Law Enforcement Academy, except they must be 19 years of age to take the test and 21 years of age to be appointed as a Deputy Sheriff. Lateral transfer is allowed for applicants who are currently Iowa certified peace officers in good standing.

#### **MINIMUM STANDARDS FOR CANDIDATES FOR DEPUTY SHERIFF**

- The applicant must be a citizen of the United States and a resident of Iowa or intend to become a resident upon being employed. The applicant must also be willing to locate in Marshall County.
- Has reached his or her twenty-first birthday and has not reached his or her sixtieth birthday at the time of his or her appointment.

- Is able to obtain a valid Iowa driver's license at the time of application.
- Is able to read and write the English language.
- Is not addicted to drugs or alcohol.
- Is of good moral character as determined by a thorough background investigation, including a fingerprint search conducted of local, state and national fingerprint files and has not been convicted of a felony, or a crime involving moral turpitude.
- Is not by reason of conscience or belief opposed to the use of force when appropriate or necessary to fulfill his or her duties.
- A high school graduate with a diploma or possesses an equivalency certificate which meets the minimum score required by the State of Iowa as determined by the State Department of Public Instruction.
- Has an uncorrected vision of not less than 20-100 in either eye; correction to 20-20 and normal color vision.
- Has normal hearing in each ear as determined by an examining physician.
- Good physical, mental and emotional health.
- Must be able to meet all minimum standards for acceptance into the Iowa Law Enforcement Academy.

Please direct any questions you might have regarding this testing series to the Marshall County Sheriff's Office at 641-754-6380

Marshall County Civil Service Commission

# 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 \_\_\_\_\_  
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 _____	<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 1-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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## DEPUTY PHYSICAL FITNESS TEST

Physical fitness is a status pertaining to the individual officer having the physiological readiness to perform maximum physical effort when required.

Physical fitness consists of three areas:

**Aerobic** capacity or cardiovascular endurance pertaining to the heart and vascular system's capacity to transport oxygen. It is also a key area for heart disease in that low aerobic capacity is a risk factor.

**Strength** pertains to the ability of muscles to generate force. Upper body strength and abdominal strength are important areas in that low strength levels have a bearing on upper torso and lower back disorders.

**Flexibility** pertains to the range of motion of the joints and muscles. Lack of lower back flexibility is a major risk area for lower back disorders.

## WHAT ARE STANDARDS?

The actual performance requirement for each test is based upon norms for a national population sample.

You must pass every test.

The required performance to pass each test is based upon sex and age. While the absolute performance is different for each age and sex group. All applicants are being required to meet the same percentile in terms of their respective age and sex group. The performance requirement is that level of physical performance that approximates the 40<sup>th</sup> percentile for each age and sex group.

### TEST MALES AGE

	20-29	30-39	40-49	50-59	60+
Sit & Reach	16.5	15.5	14.3	13.3	12.5
1 min sit-ups	38	35	29	24	19
1 min push-ups	29	24	18	13	10
1.5 mile run	12:51	13:36	14:29	15:26	16:43

### TEST FEMALES AGE

	20-29	30-39	40-49	50-59	60+
Sit & Reach	19.3	18.3	17.3	16.8	15.5
1 min sit-ups	32	25	20	14	6
1 min push-ups	15	11	9	*12	*5
1.5 mile run	15:26	15:57	16:58	17:54	18:44

\*Females in excess of 49 years of age may do push ups on their knees. Normative data for these age groups have not been established.