



SIoux COUNTY SHERIFF'S OFFICE

Application for Employment

Check one: Deputy Sheriff Jailer Dispatcher 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 # (____) _____

Email _____ Cell Phone _____

Are you a U. S. Citizen? Yes No

Have you taken the Civil Service Examination before? Yes No

If so, what date: _____ / _____ / _____

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

_____ Dates: _____ / _____ / _____ to _____ / _____ / _____

3. EDUCATION RECORD

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. 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 which is relevant to the job you are applying for?

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 _____ 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 ever served on active duty in the Armed Forces of the United States? Yes No

Highest rank attained _____

b. Branch of military service	c. Serial Number	d. Dates of active duty: From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u> Mo Day Yr Mo Day Yr
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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 Please list all such matters.

Date	Place	Charge	Disposition	Details

10. APPLICANT MISCELLANEOUS DATA

1. Are you willing to take a polygraph examination (lie detector)?

Yes No If no, explain:

2. 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) is 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: ____ / ____ / ____

All application and/or resumes' will be open to public inspection unless requested in writing to be kept confidential. Discrimination on the basis of race, color, nation origin, sex, age, religion or handicap is prohibited.

Sioux County Sheriff's Office
Consent to Release of Information

TO:

1. Any physician, hospital, or other health care organization, including their agents and employees
2. Any educational institution, including their agents, teachers and other employees
3. Each of my present and former employers, including their agents and employees, supervisors, co-workers, friends, relatives and acquaintances
4. Any bank, credit union, savings bank or other financial institution, including their agents and employees
5. Any federal, state, county or municipal government department or agency, including their agents and employees

This is your full and sufficient authorization to give to any Sioux County Deputy Sheriff, from time to time*, as requested, any records, reports, x-rays, or other documents in your custody or under your control and any other information which you may have, including personal opinions with reference to me or with reference to my fitness to be employed at the Sioux County Sheriff's Office.

*This consent to release information shall expire when the position I am applying for is filled.

A photocopy of this consent, as duly executed, shall have the same force and effect as this original.

Dated: _____

Signed: _____

Name: _____

(Please print)

Residence Address: _____

Social Security Number: _____

Date of Birth: _____