

Jackson County, Iowa
CIVIL SERVICE APPLICATION

Application required to apply for Deputy Sheriff position covered by
Civil Service



Applicant Name: _____

Application Deadline: October 29, 2021, 4:00 PM

Return completed application to:

Jackson County Human Resource Office

201 W Platt Street

Maquoketa, IA 52060

563-652-1710



Jackson County Civil Service Commission

APPLICATION FOR THE POSITION OF DEPUTY SHERIFF OF JACKSON COUNTY

Iowa certified officers in good standing are not required to take the physical agility or written examination testing.

All candidates are required to participate in an oral interview.

All candidates must meet minimum requirements set by Code, relating to deputy sheriff positions, including:

Chapter 501 Administrative Code – General Requirements	
CODE	REQUIREMENT
501.2.1(1)	Citizen of the United States / Resident of Iowa
501.2.1(2)	Is 18 years of age at the time of appointment
501.2.1(3)	Valid driver’s license or chauffeur’s license issued in Iowa
501.2.1(4)	Not addicted to drugs or alcohol
501.2.1(5)	Good moral character / not convicted of felony crime
501.2.1(6)	No record of assault, domestic abuse, stalking, weapons crime
501.2.1(7)	Pass physical test adopted by the ILEA
501.2.1(8)	High school graduate with diploma or GED
501.2.1(9)	Uncorrected vision of not less than 20/100 in both eyes, corrected to 20/20
501.2.1(10)	Meets hearing standards
501.2.1(11)	Examination by licensed physician or surgeon, meets physical requirements necessary

CHAPTER 501.2.5(80b) *While no person can be selected, hired or appointed as an Iowa law enforcement officer who does not meet minimum requirements, agencies are not limited or restricted in establishing additional standards.*

Following confirmation that the applicant is an Iowa certified peace officer in good standing through the Iowa Law Enforcement Academy, each applicant will be interviewed.

In order to be eligible to interview, completed applications must either be hand delivered or mailed, and received by the Jackson County Human Resource Office by

Friday, October 29, 2021 by 4:00 PM. Submit application to:

Jackson County Human Resource Office

201 W Platt Street

Maquoketa, IA 52060

APPLICATIONS WILL NOT BE ACCEPTED AFTER 4:00 P.M. ON FRIDAY, OCTOBER 29, 2021

For further information OR questions, contact us via phone or email at:

Ph. 563-652-1710 ~ Email. bchapin@jacksoncounty.iowa.gov



Jackson County Civil Service Commission

APPLICATION FOR THE POSITION OF DEPUTY SHERIFF OF JACKSON COUNTY

Personal Information			
Full Name			
Last	First	Middle	
Alias(s), maiden, nicknames, any other names used			
Present Address			
Street	City	State	Zip
How long have you lived at this address?		Are you a resident of the State of Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Mailing Address (if different than above)			
Street	City	State	Zip
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security No.		Place of Birth (city/state)	
Driver's License No.		State of Issuance	
Home Phone		Cell Phone	
Email Address (*required)			
Are you a certified peace officer in the State of Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when did you obtain this certification?			
Have you ever applied with the Jackson County Sheriff's Department before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, approximately when?			
How did you hear about this opening? <input type="checkbox"/> Maquoketa Sentinel Press <input type="checkbox"/> Bellevue Herald Leader <input type="checkbox"/> Preston Times			
<input type="checkbox"/> Buyers Guide <input type="checkbox"/> KMAQ <input type="checkbox"/> The DeWitt Observer <input type="checkbox"/> Telegraph Herald <input type="checkbox"/> The Des Moines Register			
<input type="checkbox"/> Facebook <input type="checkbox"/> Iowa Sheriff Association <input type="checkbox"/> Iowa State Association of Counties <input type="checkbox"/> Iowa Works			
<input type="checkbox"/> National Association of Counties <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Online Job Ad _____			
<input type="checkbox"/> Other: _____			

Education			
	School Name/Location	Area of Concentration/Course of Study	Diploma/degree(s), certificates, licenses, endorsements
High School			
Undergraduate College / University			
Graduate/Professional			

Military Service	
Are you a U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the reserves or national guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
Branch	
Location Served	
Dates of Service	
Specialty	
Type of Discharge	

* Those wishing to claim Veteran's Preference must submit DD214 with this application.

References

1. _____

Name	Address	Phone	Relationship
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2. _____

Name	Address	Phone	Relationship
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3. _____

Name	Address	Phone	Relationship
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4. _____

Name	Address	Phone	Relationship
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Employment History

Provide your employment history for the past 10 years, starting with the most recent.
Include reasons for any period of unemployment.
Print additional copies of this page if necessary.

Employer	Position Held		
Employer Address	Phone No.		
Supervisor	Start Date	End Date	
Duties/Responsibilities			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		

Employer	Position Held		
Employer Address	Phone No.		
Supervisor	Start Date	End Date	
Duties/Responsibilities			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		

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Employer	Position Held		
Employer Address	Phone No.		
Supervisor	Start Date	End Date	
Duties/Responsibilities			
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		

Criminal History

If needed, list additional information on a separate sheet of paper and include with application

List all Traffic Citations:

Date	Violation / Specific Charge	Location (city, state)	Disposition	Police Agency

Has your driver's license ever been suspended, revoked, or restricted? Yes No
If yes, please explain:

Has your automobile insurance ever been refused or cancelled? Yes No
If yes, please explain:

List ALL ARRESTS including juvenile arrests regardless of whether or not you were convicted:

Date	Violation / Specific Charge	Location (city, state)	Disposition	Police Agency

Please use this space to provide further explanation to any of the above:

Personal Questionnaire

Describe your lifestyle, personal interests, goals in life:

Describe your current / previous experience in law enforcement:

What motivated you to apply for the position of Deputy Sheriff with Jackson County?

Applicants Statement

Under penalty of perjury, I solemnly affirm or swear that the foregoing statements in answers to the questions on the Application for Jackson County, Iowa Deputy Sheriff (including any attachments provided hereto) are full, true and correct in every regard. I understand all statements contained in this application may be investigated further by Jackson County.

Signature of Applicant

Date

Printed Name of Applicant

**AUTHORIZATION FOR RELEASE OF TESTING INFORMATION
TO THE POTENTIAL HIRING AUTHORITY**

I _____, hereby authorize the Iowa Law Enforcement Academy
(Print name)

to provide to the following agency a report of all test results (cognitive and psychological) whether confidential or public in nature, accumulated as a result of my qualifications to be in law enforcement.

(Name of hiring authority - sheriff, chief, mayor, etc.)

(Name of department or agency, e-mail address & fax number)

I understand that information shall be accessible to the above-named individual or agency for employment purposes only and do hereby consent to its dissemination. I further consent to the utilization of test results or data by the Iowa Law Enforcement Academy or its designee for purposes of educational or scientific research.

I have been advised that the Iowa Law Enforcement Academy will not release the results of the tests or its reports based on that data to any person or agency without my written authorization. I have further been advised that after the Iowa Law Enforcement Academy prepares its report based on the results of my tests, that my results will be made available to me for review by a psychologist, upon my written request and permission by the hiring authority.

I certify that any person who may furnish information concerning my test results shall not be held accountable for releasing the information; and do hereby release said person or persons from any and all liability for damage of whatever kind which may result at any time to me, my heirs, and family or associates because of compliance with this waiver and release of information, or any attempt to comply with it.

I further release the State of Iowa, the Iowa Law Enforcement Academy, or its designee individually or collectively, from any and all liability for damage of whatever kind which may result to me, my heirs, and family or associates because of compliance with this waiver and release of information, or any attempt to comply with it.

Date _____ **Requestor's Signature** _____

DOB _____

Hiring authority's signature _____