

PHONE 712-362-2639

DEPUTIES:

CHIEF DEPUTY KEVIN OLSON
JEFF MERRILL
TONY RUTER
TOM BAULER
DILLON FAAS
BRANDON LAMACK
NICK MERWALD
JOSH ZIGRANG

CIVIL CLERK:

LAURIE HARVEGO



Law Enforcement Center
114 North 6th Street
Estherville, Iowa 51334-2229

FAX 712-362-7271

DISPATCHERS:

MELISSA PATRICK
EMILY ROY
MACKENZIE SIEFKEN
ANNE PURDY

JAILERS:

JAIL ADMINISTRATOR:
PABLO LEAL

DREW STROM
BOB KRAUSE
LIZ BATES

Notice of Competitive Testing

The Emmet County Sheriff's office is now taking applications for the position of Deputy Sheriff.

Starting salary is \$46,000 per year with step increases, paid vacation, holidays, sick benefits and paid employee health insurance. A successful applicant will need to be able to achieve and maintain necessary certifications as required by the Emmet County Sheriff's Office, report to work on short notice and be available to work different shift schedules as needed including nights, days, weekends and holidays. A high school diploma or GED is required as well as a safe driving record.

Lateral transfer of current Iowa certified officers will be accepted. All other applicants will be required to undergo a Civil Service Examination/Police Officer Selection Test/ "POST" and physical agility test. Top qualifiers must undergo a background investigation, psychological examination as well as other pre-employment testing.

Applications are available at the Emmet County Sheriff's Office at 114 North 6th Street in Estherville, Iowa, on the web at www.emmetcountya.com or on the Emmet County, Iowa Sheriff's Facebook page.

Applications with resume must be returned to the Emmet County Sheriff's Office by 4:00 pm on April 18th 2019. Testing of eligible applicants will be conducted at 8:00 am Saturday April 27th. Eligible applicants will be notified of the exact location prior to testing. Contact Emmet County Sheriff Mike Martens with any questions at 712-362-2639.

Emmet County is an EOE.

PHONE 712-362-2639

DEPUTIES:

CHIEF DEPUTY KEVIN OLSON
JEFF MERRILL
TONY RUTER
TOM BAULER
DILLON FAAS
BRANDON LAMACK
NICK MERWALD
JOSH ZIGRANG

CIVIL CLERK:

LAURIE HARVEGO



Law Enforcement Center
114 North 6th Street
Estherville, Iowa 51334-2229

FAX 712-362-7271

DISPATCHERS:

MELISSA PATRICK
EMILY ROY
MACKENZIE SIEFKEN
ANNE PURDY

JAILERS:

JAIL ADMINISTRATOR:
PABLO LEAL

DREW STROM

BOB KRAUSE

LIZ BATES

UNDERSTANDING THE APPLICATION PROCEDURE

Your application will **NOT** be processed for a deputy sheriff position with the Emmet County Sheriff's Office unless **ALL** required items are submitted.

I WILL BE **REQUIRED TO RETURN THE FORM (A) AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND FORM (B) APPLICATION FOR EMPLOYMENT FOR THE EMMET COUNTY SHERIFF'S OFFICE ON OR BEFORE 4:00PM** on March 10th 2017 TO BE CONSIDERED FOR EMPLOYMENT.

I further understand that I will be required to submit the **required items** below to the Emmet County Sheriff with my application. These items **must** be submitted with a completed application by **4:00pm March 10th 2017**.

Written and physical testing for the position of Deputy Sheriff will take place Saturday March 25th 2017 at 0800hrs. Eligible candidates will be notified of the location of testing.

Required Items to be submitted

1. A completed Authorization for Release of Personal Information form. Form (A)
2. A completed Application Form. Form (B)
3. Completed Personal Information Forms Pages 1A-8A.
4. Copies of High School Transcripts and a copy of your diploma or GED.
5. Copies of College Transcripts and a copy of your diploma.
6. Certified Copy of your birth certificate.
7. Copy of your DD-214 if applicable.
8. Copy of your Iowa Law Enforcement Academy Certification (If applicable)
9. THIS ORIGINAL FORM THAT IS SIGNED AND DATED.

I understand that I must meet and maintain all minimum qualification standards, including physical requirements and personal conduct from the time my application is submitted through the end of the selection process.

I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE SUBSEQUENT TO EMPLOYMENT.

I understand that all submitted materials become the property of the Emmet County Sheriff's Office and will NOT be returned to me.

X _____

(Signature of the applicant and date)

PHONE 712-362-2639

DEPUTIES:

CHIEF DEPUTY KEVIN OLSON
JEFF MERRILL
TONY RUTER
TOM BAULER
DILLON FAAS
BRANDON LAMACK
NICK MERWALD
JOSH ZIGRANG

CIVIL CLERK:

LAURIE HARVEGO



Law Enforcement Center
114 North 6th Street
Estherville, Iowa 51334-2229

FAX 712-362-7271

DISPATCHERS:

MELISSA PATRICK
EMILY ROY
MACKENZIE SIEFKEN
ANNE PURDY

JAILERS:

JAIL ADMINISTRATOR:
PABLO LEAL

DREW STROM

BOB KRAUSE

LIZ BATES

Authorization for Release of Personal Information

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to the Emmet County Sheriff's Office whether the said records are a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Emmet County Sheriff's Office. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for providing this information; and I do hereby release Emmet County and any and all agents or employees and the Emmet County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or copy of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information."

X _____
(Signature of Applicant and Date)

EMMET COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Emmet County Iowa

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

PHONE 712-362-2639

DEPUTIES:

CHIEF DEPUTY KEVIN OLSON
JEFF MERRILL
TONY RUTER
TOM BAULER
DILLON FAAS
BRANDON LAMACK
NICK MERWALD
JOSH ZIGRANG

CIVIL CLERK:

LAURIE HARVEGO



Law Enforcement Center
114 North 6th Street
Estherville, Iowa 51334-2229

FAX 712-362-7271

DISPATCHERS:

MELISSA PATRICK
EMILY ROY
MACKENZIE SIEFKEN
ANNE PURDY

JAILERS:

JAIL ADMINISTRATOR:
PABLO LEAL

DREW STROM
BOB KRAUSE
LIZ BATES

Qualified applicants are eligible to compete for all positions without regard to race, national origin, sex, creed, religion, age or marital status.

Notice: Application must be typewritten or clearly printed in ink. ALL questions must be answered and accompanying documents received PRIOR to processing. If not applicable, indicate NA (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 this application and number answers to correspond with questions.

PERSONAL HISTORY

a. Name in full (last, first, middle)		b. Social Security Number	
c. List all other names you have used. Include nicknames, maiden name and previous married surname(s).		d. Have you ever applied with the Emmet Co. S.O. before? If so, when?	e. Email address and/or website
f. Birth date (month, day, year)	g. Place of birth	h. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
i. List all drivers license number(s) issued to you:		j. Current drivers license state of issue.	
k. List all states in which you have had a drivers license issued to you:		l. Are you currently certified by the Iowa Law Enforcement Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Certified:	
m. Have you ever been issued a passport? If so, please list passport number and locations traveled. Passport Number: _____ Locations Traveled: _____			

CONTACT INFORMATION

a. Current mailing address		Telephone Numbers:	
Street address/PO Box Apt. No.		Residence Phone Number: () _____	
City State Zip Code		Cell Phone Number: () _____	
b. Permanent address if different from above		Office or alternate Number: () _____	
Street address/PO Box Apt. No.			
City State Zip Code			

EDUCATION RECORD

SUBMIT BOTH HIGH SCHOOL AND COLLEGE TRANSCRIPTS WITH THIS APPLICATION.

*******APPLICATIONS WILL NOT BE PROCESSED WITHOUT TRANSCRIPTS*******

High School: Circle highest grade completed 8 9 10 11 12 High School diploma or equivalent (GED)? Yes No

Name	Address	Dates Attended		Date Graduated
		From	To	

College/University: Circle No. of years completed 1 2 3 4 5 6 or more

Name of School and Location	Dates Attended		Credit Received		Field of Study or Area of Concentration		Type of Degree	Graduated Yes/No
	mo/yr	mo/yr	Semester hours	Quarter hours	Major	Minor		

a. If you are working toward a degree, please give the anticipated completion date: _____

b. Has any disciplinary action, including probation and dismissal, ever been taken against you during your academic career?

Yes No If yes, complete the following: _____
School Date

Type of action taken: _____

c. List awards, honors, citations, athletic endeavors, and any other special recognition you received:

d. List any special abilities, (computer skills, etc.) special interests or hobbies:

e. List languages, including American Sign Language (ASL), in addition to English that you speak, read and write fluently:

f. If you are licensed or certified to practice a trade or profession, complete the following:

Specialty: _____ License issued by: _____

INTERNSHIPS

Name of business: _____	From: (mo/yr) _____	To: (mo/yr) _____
Address: _____	City: _____	State: _____
Work supervisor: _____	Example of duties performed: _____	
Name of business: _____	From: (mo/yr) _____	To: (mo/yr) _____
Address: _____	City: _____	State: _____
Work supervisor: _____	Example of duties performed: _____	

RESIDENCE HISTORY

List chronologically ALL of your residences in the past 10 years (include address while attending school if away from home, and all military addresses including any off military base). If additional space is needed, please attach a separate sheet.

Dates		Apt. No.	Street Address	City	County	State	Own/Rent
From	To						

FINANCIAL RECORD

a. What is the total amount of your monthly financial obligations? _____

b. Are monthly financial obligations kept current? Yes No

If no, explain: _____

c. Do you have any sources of income other than your salary? Yes No

If yes, explain: _____

COURT RECORD

a. Have you ever been arrested or charged with any violation *including traffic citations*, but not parking tickets? Yes No
 (List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral.)

Date	Place	Charge	Final Disposition	Details

b. Has any member of your immediate family (past or present), i.e., spouse, significant other, ex-spouse, parents, brother, or sister ever been arrested for any violation other than traffic? Yes No If yes, list below:

c. Have you ever been a plaintiff or defendant in any court action (including divorce)? Yes No

If yes, give date, place, court names of parties involved, nature of action, and final disposition

SELECTIVE SERVICE/MILITARY RECORD

a. Have you ever (check all that apply):

Registered with the Selective Service, if applicable? Yes No

Applied for a position with any branch of the Armed Forces of the United States? Yes No

Been rejected by any branch of the Armed Forces for any reason? Yes No If yes, state reason(s): _____

Been inducted into any branch of the Armed Forces? Yes No

If yes, complete sections b-h

b. Dates of Active Duty (month, day and year) From _____ To _____	c. Branch of military service _____	d. Highest rank attained _____	e. Serial Number _____
--	--	-----------------------------------	---------------------------

f. Type of discharge _____ Date DD-214 Form Recorded _____ County _____ State _____ Provide a copy of your DD-214 with application.	g. Member of Reserve/National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No Service Branch _____ Location _____
--	---

h. Was any type of disciplinary action taken against you in the service? Yes No

Nature of disciplinary action? _____

ORGANIZATION MEMBERSHIP

a. Are you now, or have you ever been a member of any club, society or organization? Yes No

If yes, list below. *Do not abbreviate.*

Organization Membership	City and State	Dates	List position(s) held and extent of activity

VOLUNTEER ACTIVITIES/EMPLOYMENT

Volunteer Activities (including volunteer fire fighting, police or sheriff reserve and civic activities)

Sponsoring Organization	City and State	Dates	List position(s) held and extent of activity

EMPLOYMENT

List your work experience, starting with the most recent. Include summer and part-time employment in addition to jobs held as a teenager. ***Account for all time.*** If unemployed for a period of time, indicate and set forth dates of unemployment. If you do not recall the name of a supervisor, work address, etc, indicate such on the application.

a. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & State	Name of supervisor	
Telephone	Reason for leaving	
b. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & State	Name of supervisor	
Telephone	Reason for leaving	
c. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & State	Name of supervisor	
Telephone	Reason for leaving	
d. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & State	Name of supervisor	
Telephone	Reason for leaving	
e. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & State	Name of supervisor	
Telephone	Reason for leaving	
f. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & State	Name of supervisor	
Telephone	Reason for leaving	
g. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & State	Name of supervisor	
Telephone	Reason for leaving	
h. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & State	Name of supervisor	
Telephone	Reason for leaving	

RELATIVES

Provide complete name, including middle name (*no initials*) and complete address

a. Father				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			
b. Mother				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			
c. Spouse/Significant Other (if wife, include maiden name)				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			
d. Children							
Child's Name				Child's Name			
Street address				Street address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Birth date	Telephone		
Child's Name				Child's Name			
Street address				Street address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Birth date	Telephone		
e. Other relatives (brothers, sisters, step parents, step sisters, ex-spouse, in-laws)							
Name and Relationship				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			
Name and Relationship				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			
Name and Relationship				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			

RELATIVES (Continued)

Provide complete name, including middle name (*no initials*) and complete address

Name and Relationship			Employer		
Street address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		
Name and Relationship			Employer		
Street address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone		Occupation		
Do you have any relatives or friends currently employed with the Iowa Department of Public Safety? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name: _____		Relationship: _____		Division: _____	
Name: _____		Relationship: _____		Division: _____	
Name: _____		Relationship: _____		Division: _____	

References

Give three references (*not* relatives, present employers, or school teachers) who are responsible adults of reputable standing in their communities, preferably those who have known you well during the past five years. If retired, give former occupation.

a. Complete Name		Occupation	No. yrs. acquainted
Home address		Home Phone	
Business name and address		Bus. Phone	
b. Complete Name		Occupation	No. yrs. acquainted
Home address		Home Phone	
Business name and address		Bus. Phone	
c. Complete Name		Occupation	No. yrs. acquainted
Home address		Home Phone	
Business name and address		Bus. Phone	

Give three social acquaintances

a. Complete Name		Occupation	No. yrs. acquainted
Home address		Home Phone	
Business name and address		Bus. Phone	
b. Complete Name		Occupation	No. yrs. acquainted
Home address		Home Phone	
Business name and address		Bus. Phone	
c. Complete Name		Occupation	No. yrs. acquainted
Home address		Home Phone	
Business name and address		Bus. Phone	

Writing assignment

In one page or less please tell the reader about yourself and why you believe that you are the most appropriate candidate for the position of deputy sheriff.