

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.

Salary is based upon experience starting at a minimum of \$46,000 annually 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 6<sup>th</sup> Street in Estherville, Iowa, on the web at [www.emmetcountyyia.com](http://www.emmetcountyyia.com) or on the Emmet County, Iowa Sheriff's Facebook page.

**Applications with resume must be received by the Emmet County Sheriff's Office by 4:00 pm on June 14th, 2019.** Testing of eligible applicants will be conducted at 8:00 am Saturday June 22nd. 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.

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## Emmet County Deputy Sheriff Job Description

An Emmet County Deputy Sheriff performs work involving general duty police work in the protection of life and property through the enforcement of laws of applicable Federal, State and Local Laws, may be assigned to any specific task within the department's area of operation; and performs work under both supervised and unsupervised conditions, which involves an element of personal danger.

### **Job Duties, Responsibilities and Tasks:**

Each of the following job duties and responsibilities of the Deputy Sheriff are performed on an on-going regular basis unless otherwise noted. The duties and responsibilities of this position include, but are not necessarily limited to:

1. Enforcing of Local, State and Federal Laws.
2. Patrolling of an assigned area checking doors and windows and examining premises of unoccupied buildings or residences in order to detect any suspicious conditions in a motorized police vehicle and when necessary while on foot patrol.
3. Investigate suspicious conditions and complaints and make arrests of persons who violate the law.
4. Make traffic arrests and issue citations and warning citations to those who violate traffic laws, aid motorists and investigate traffic accidents.
5. Investigate, conduct or assist in the investigation of fires, accidents, rescues, hazardous materials and disorders in the unincorporated county and in any other community of Emmet County as necessary.

6. Conduct investigation of serious crimes and accidental deaths. Preserving the scene of the crime, interviewing victims, witnesses and suspects. Follow up on information and present cases for prosecution to the County Attorney's Office.
7. Serve warrants, subpoenas, legal papers and civil processes. Conduct and supervise evictions, conduct replevins and place liens as necessary.
8. Perform the duties of a jailer, including booking and processing of prisoners, fingerprinting, photographing, feeding, dispensing of medications to prisoners and tending to the medical needs of prisoners, screening of visitors and conducting visitation in the jail when necessary.
9. Overseeing the care and custody of prisoners and mental health patients, escorting prisoners from the jail to the courthouse or other institution as needed.
10. Appearing in court as the arresting officer or as a witness and required.
11. Responding to medical calls for service and providing first aid and CPR/AED as necessary.
12. Maintain order and security as needed in court proceedings.
13. Maintaining records and preparing reports; and
14. Performing all other related duties **as assigned**.

### **Knowledge, Abilities and Skills**

The knowledge, abilities and skills required of Deputy Sheriff's include: knowledge of the Iowa Criminal Code and Rules of Civil Procedures, department policies and procedures, rules and regulations, the ability to communicate effectively with the general public, have the ability to perform under stressful situations, be capable to operate various equipment such as the Data Master, fingerprint equipment, photographic equipment and a computer. A deputy sheriff must also have the knowledge of how to properly gather, preserve and store evidence properly.

A Deputy Sheriff must be able to successfully complete the Iowa Law Enforcement Academy training as required by Iowa Law.

## **Necessary Special Requirements**

The necessary special requirements for a Deputy Sheriff include: a valid State of Iowa Driver's License; the ability to obtain and maintain certifications in the following areas: CPR, First Aid, Weapons qualification, Data Master Operation, Radar Unit Operation, Jail Procedures and Medication Dispensing; and other training and certifications deemed necessary and appropriate by the Emmet County Sheriff.

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## 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 July 14<sup>th</sup> **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 July 14<sup>th</sup> 2017.**

**Written and physical testing for the position of Deputy Sheriff will take place July 22nd 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)

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

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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): \_\_\_\_\_

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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 _____ <b>Provide a copy of your DD-214 with application.</b>	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.

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

<b>a. Father</b>				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			
<b>b. Mother</b>				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			
<b>c. Spouse/Significant Other (if wife, include maiden name)</b>				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			

**d. Children**

<b>Child's Name</b>				<b>Child's Name</b>			
Street address				Street address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Birth date	Telephone		
<b>Child's Name</b>				<b>Child's Name</b>			
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)**

<b>Name and Relationship</b>				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			
<b>Name and Relationship</b>				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date	Telephone			Occupation			
<b>Name and Relationship</b>				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.