

Fremont County Sheriff's Office

RESERVE DEPUTY APPLICATION



Applicant Name:_____

Application Deadline:

Return application to:

**Fremont County Sheriff's Office
2814 200th Street
Sidney, IA 51652
(712) 374-2424**

OR email to:

awake@co.fremont.ia.us



RESERVE DEPUTY SHERIFF APPLICATION FREMONT COUNTY, IOWA



NOTICE:

In or

hand-delivered or mailed to:

Fremont County Sheriff's Office, 2814 200th Street, Sidney, IA 51653

or EMAILED to: awake@co.fremont.ia.us

Applications will be accepted TBD

Questions can be emailed to: awake@co.fremont.ia.us

Personal Information

Full Name:

Last

First

Middle

Alias(s):

Nicknames, Maiden, Prior Married Names

Present Address:

Street

City

County

State

Zip

How long have you lived at this Address?

Present **Mailing** Address:

(If different than above)

Mailing Address

City

State

Zip

Are you 18 years of age or older?

Yes

No

Place of Birth (City/State):

Social Security #:

Home Phone:

Cell Phone:

Driver's License #:

State License Issued in:

Email *
(required):**

Are you a U.S. Citizen?

Yes

No

Are you a resident of Iowa?

Yes

No

Height:

ft.

in.

Weight:

Tattoos:

Have you ever applied with the FCSO
before?

Yes

No

If Yes, When?

Are you currently a certified
Peace Officer in the State of Iowa?

Yes

No

If Yes, Agency and
Certification date:

How did you hear about this opening?
(Check all that apply)

Fremont Co Website
College Website

FCSO Facebook
Facebook

Other _____

Education					
If needed, list additional information on separate sheet of paper referencing "EDUCATION".					
HIGH SCHOOL	High School	Location	Diploma/Degree Attained		
COLLEGE	College	Location	Years Attended or Year Graduated	Major/Field of Study	Degree/Honors/Awards
VO-TECH	Vocational/Technical School	Location	Years Attended or Year Graduated	Major/Field of Study	Degree/Honors/Awards
OTHER	Other	Location	Years Attended or Year Graduated	Major/Field of Study	Degree/Honors/Awards
OTHER	Other	Location	Years Attended or Year Graduated	Major/Field of Study	Degree/Honors/Awards
OTHER	Other	Location	Years Attended or Year Graduated	Major/Field of Study	Degree/Honors/Awards

Military Service		
Yes No		
Branch	Location Served	Dates of Service
Final Rank	Specialty	Type of Discharge

References		
	Name	Relationship
	Address/City/State	Phone Number
	Name	Relationship
	Address/City/State	Phone Number
	Name	Relationship
	Address/City/State	Phone Number
	Name	Relationship
	Address/City/State	Phone Number

Employment History

If needed, list additional information on separate sheet of paper referencing "EMPLOYMENT HISTORY".

Provide your employment history the past 10 years, starting with the most recent. Include reasons for any periods of unemployment.

Most Recent Employer	Company name	Address, City & State of EMPLOYER		Phone number of EMPLOYER
	Position Held	Start Date / End Date		Supervisor
	Duties/Responsibilities			
Next Employer	Company name	Address, City & State of EMPLOYER		Phone number of EMPLOYER
	Position Held	Start Date / End Date		Supervisor
	Duties/Responsibilities			
Next Employer	Company name	Address, City & State of EMPLOYER		Phone number of EMPLOYER
	Position Held	Start Date / End Date		Supervisor
	Duties/Responsibilities			
Next Employer	Company name	Address, City & State of EMPLOYER		Phone number of EMPLOYER
	Position Held	Start Date / End Date		Supervisor
	Duties/Responsibilities			
Reason for leaving				

Were you ever terminated or asked to resign from employment?

Yes | No

Did you ever receive a suspension or disciplinary action from an employer?

Yes | No

If yes to either question above, explain which job(s) and why:

Previous Application Processes

If needed, list additional answers or information on separate sheet of paper referencing "Previous Application Processes".

Please list any and all law enforcement agencies that you have applied with:

Agency	Address, City, State, Zip	Agency Phone Number
Date Applied	Current Status	Reason Not Hired

Agency	Address, City, State, Zip	Agency Phone Number
Date Applied	Current Status	Reason Not Hired

Agency	Address, City, State, Zip	Agency Phone Number
Date Applied	Current Status	Reason Not Hired

Financial History

Please list ANY financial obligations in which you are currently delinquent:

Criminal History

If needed, list additional answers or information on separate sheet of paper referencing "Criminal History".

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 below:

Has your automobile insurance ever been refused or cancelled?

Yes | No

If yes, please explain below:

List ALL ARRESTS including juvenile arrests regardless of whether or not you were convicted:				
Date	Violation (Specific Charge)	Location (City, State)	Disposition	Police Agency

Explain any other time(s) you have been detained or question by police other than traffic violations:

Personal Questionnaire	
If needed, list additional answers or information on separate sheet of paper referencing "Personal Questionnaire" and question #.	
1. Do you drink alcoholic beverages? If yes, to what degree?	Yes No
2. Have you ever used marijuana? If yes, what were the circumstances? How many times have you used marijuana? When was the last time you used marijuana?	Yes No
3. Have you ever used, possessed, distributed or sold any illegal drugs, including but not limited to: marijuana, opiates, pills, heroin, cocaine, ecstasy methamphetamines, steroids, etc? If yes, what were the circumstances? When was the last time?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?
If yes, what were the circumstances and drug(s)?

☐ Yes | ☐ No

When was the last time?

Additional Questions	
If needed, list additional answers or information on separate sheet of paper referencing "Additional Questions" and question #.	
1. Do you now, or have you ever had any mental disorders? If yes, explain in full detail below:	Yes No
2. Are you willing to submit to a polygraph test?	Yes No
3. Are you, by reason of conscience or belief, opposed to use of force when appropriate or when necessary to fulfill your duties? If yes, explain below:	Yes No
4. Do you have normal COLOR vision?	Yes No
PLEASE NOTE: Iowa Code requires NON-CERTIFIED candidates entering the Iowa Law Enforcement Academy to have: "UNCORRECTED VISION of not less than 20/100 in both eyes, corrected to 20/20".	
5. Do you have normal hearing in each ear?	Yes No
6. List any hobbies or outside interests, you may have:	

7. Describe your lifestyle, personal interests, aims in life:
8. Describe any previous experience in law enforcement:
9. What motivates you to apply for the position of Deputy Sheriff, Fremont County Iowa?

Under penalty of perjury, I solemnly affirm or swear that the foregoing statements in answers to the questions on the Application for Fremont County, Iowa Deputy Sheriff, (including all attached items) are full, true and correct in every regard. I further understand and agree that I must meet minimum qualifications for an Iowa Peace Officer as required under the provisions of *Iowa Code Chapter 80B* and rules and regulations promulgated thereunder by the Iowa Law Enforcement Commission.

Signature of Applicant

Printed Name of Applicant

Date

**Fremont County, Iowa
is an Equal Opportunity Employer**

**Pre-Employment / Post Job Offer
Drug Testing Required**

FREMONT COUNTY SHERIFF'S OFFICE

Applicant Investigation Section

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Fremont County Sheriff's Office, whether the records are of a public, private, or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

- Educational institution
- Utility company
- Financial or credit institution, to include records of any depository checking or savings account
- Commercial or retail credit agencies to include credit reports and ratings
- Medical, psychological and psychiatric reports of consultation, treatment and evaluation at or by any hospital, clinic, private practitioner and the US Department of Veteran's Affairs
- Employment and pre-employment records, to include salary records, background reports, polygraph examination reports and polygraph questions, pre-employment and promotional examination results, efficiency ratings, disciplinary actions, complaints or grievances filed by or against me, and internal affairs investigation reports
- Real and personal property tax statements and records, as well as other financial statements or records wherever filed
- Records of complaints, arrests, trials and convictions for alleged or actual law violations, including criminal or traffic records
- Records of civil complaints made by or against me, wherever located, to include the records and recollections of attorneys at law or other counsel, whether representing me or another person, in any case which I have ever been a party or had an interest

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated are not to deny access to any records that may not be specifically identified herein.

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Fremont County Sheriff's Office to consider in determining my suitability for employment.

In the event my application is disapproved, any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his or her agents and employees from and against all claims, damages, losses or expenses, to include reasonable attorney's fees, arising out of or by reason of complying with this request.

This release form and any photocopy/fax of this release form, even though the said photocopy/fax does not contain an original writing of my signature, will be valid and should be honored for a period of one year from the date of my signature.

Signature

Date