



# SIoux COUNTY CIVIL SERVICE COMMISSION

P.O. Box 18  
Orange City, Iowa 51041-0018

Phone (712) 737-2216  
FAX (712) 737-2537

January 9<sup>th</sup>, 2015

To All Applicants:

Thank you for considering Sioux County as your choice for future employment. The Sioux County Civil Service Commission will be accepting applications for the Entrance Examination for Sioux County Deputy Sheriff's List.

A complete application packet must be returned to the County Courthouse, (*address listed above*) NO later than 4:30 p.m. on Monday, February 2<sup>nd</sup>, 2015. This completed packet may also be returned via e-mail to the Sioux County Civil Service Personnel Director (*address also listed above*) NO Later than 3:30 p.m. on Thursday, January 29<sup>th</sup>, 2015.

If returned by mail, the completed packet must be mailed to the County Courthouse, (*address listed above*) and must be postmarked by Monday, January 26, 2015.

**DO NOT RETURN THE PACKET TO THE SHERIFF'S OFFICE or your application will be disqualified.**

The Entrance Examination will be administrated **MONDAY, FEBRUARY 9, 2015** beginning at **8:00 a.m.** Please plan to arrive at the testing site at 7:30 – 7:45 a.m. sharp. This will allow time for each applicant to get checked in.

## TESTING SITE

**NORTHWESTERN COLLEGE ROWENHORST STUDENT CENTER (RSC)  
DEWITT FITNESS CENTER 4 – COURT AREA  
Also: RSC CLASSROOM #118**

(Please see included map of the Northwestern College Map)

The written examination is in four sections – Mathematics, Reading Comprehension, Grammar, and Incident Report Writing. The testing will take approximately one hour and thirty minutes. Applicant's tests will possibly be scored on site...

The applicants who pass the written entrance exam AND the physical agility testing, will be photographed at approximately 10:50 a.m. A brief interview with the members of the Sioux County Civil Service Commission will also be conducted after the written examination.

Attached to this cover letter is a series of documents. The documents herein are listed on the next page. Please note that some documents are for you to retain for your information, and some need to be completed and returned.

If you have any additional questions, please do not hesitate to contact me. I can be reached at the following phone number: 712-737-2216, or you can email me at [joycem@siouxcounty.org](mailto:joycem@siouxcounty.org).

Respectfully,

Joyce Murphy  
Personnel Director

Enc.

## Sioux County Civil Service Application

### CHECKLIST

Please use the following checklist to ensure that you include all required elements with your application.

Form or Additional Information	KEEP for your Information	MUST BE RETURNED
Minimum Standards	X	
Application Process Guidelines	X	
Test Procedure for Deputy Sheriff Position	X	
Additional Information on Selection Process	X	
Physical Agility Test Information	X	
Job Description	X	
Fingerprinting Information Sheet	X	
Smoke Free Information Sheet	X	
Northwestern College Map	X	
Physical Agility Release Form		X
Completed and Signed Application Form		X
Completed and Signed Application Form Specific to the Sioux County Sheriff's Office		X
Completed and Signed Physical Challenge Form		X
Copy of Birth Certificate		X
Copy of Driver's License		X
Copy of High School Diploma		X
Statement from Physician Indicating Fitness		X
Military Discharge Papers (If applicable)		X
Completed and Signed Personal History Statement		X
Consent To Release Information Form		X
Completed Physical Challenge Form		X
Personal, Non-Refundable Check for \$25.00 to cover testing		

## **Minimum standards for Iowa Law Enforcement Officers**

### **The person must:**

- 1. Be a U. S. Citizen and a resident of Iowa or intend to become a resident upon being employed;
- 2. Be 18 years of age at the time of appointment;
- 3. Hold a valid Iowa driver's license;
- 4. Not be addicted to drugs or alcohol [modified for Chapter 400 civil service positions by §400.17 of the Code of Iowa];
- 5. Be of good moral character as determined by a thorough background investigation including a fingerprint search conducted of local, state and national fingerprint files and have not been convicted of a felony or a crime involving moral turpitude;
- 6. Successfully pass physical fitness tests;
- 7. Not be opposed to use of force to fulfill duties;
- 8. Be a high school graduate or hold a GED certificate;
- 9. Have uncorrected vision of not less than 20/100 in both eyes, corrected to 20/20, and color vision consistent with the occupational demands of law enforcement;
- 10. Have normal hearing in each ear; and,
- 11. Be examined by a physician and meet the physical requirements necessary to fulfill the responsibilities of a law enforcement officer.
- 12. Undergo psychological testing.
- 13. Undergo cognitive (Basic Skills) testing.

## **APPLICATION PROCESS GUIDELINES**

The testing process is accomplished in six different phases involving several months of preparation. In addition to the Civil Service Staff, additional volunteer county staff is involved in various aspects of the testing procedures.

The following policy set by the Sioux County Civil Service Commission will be strictly adhered to:

- 1. Applications shall not be accepted after the deadline.**
- 2. Alternate dates shall not be scheduled by the Sioux County Civil Service Commission for any phase of the entrance examination; this includes the written, physical agility, oral interview and psychological testing.**
- 3. All instructions on the application form and all other forms shall be followed and completed legibly. Read the instructions carefully. Attach clear and legible photocopies of all requested documents to the application before returning the application to the civil service director. Double-check all instructions, information, and signatures before returning the forms.**
- 4. An applicant shall be disqualified if the deadlines are not met in all areas and if instructions are not correctly followed.**
- 5. If the applicant has any questions whatsoever on any items pertaining to the civil service testing procedure, please contact the Civil Service Personnel Director, Joyce Murphy, at (712) 737-2216 or e-mail @ [joycem@siouxcounty.org](mailto:joycem@siouxcounty.org) DO NOT CONTACT ANY MEMBERS OF THE SHERIFF'S OFFICE.**

**Applicant's cooperation in all of the above matters is appreciated.**

## **TESTING PROCEDURES FOR THE POSITION OF DEPUTY SHERIFF ONLY**

### **WRITTEN TEST**

The Sioux County Civil Service Commission uses the Standard & Associates' National Police Officer Selection Test (P.O.S.T.) as designated by the Iowa Law Enforcement Academy.

This test is comprised of four (4) Basic Skills sections. Each section is timed separately; Mathematics (20 minutes), Reading Comprehension (25 minutes), Grammar (15 minutes) and Incident Report Writing (15 minutes). The minimum acceptable score is 70% for each section of the test and applicants must pass each section.

### **AGILITY TEST**

The Sioux County Civil Service Commission requires the same physical agility test as prescribed by the Iowa Law Enforcement Academy Council to all Deputy Applicants.

The agility test consists of "sit and reach," one minute of sit-ups, one minute of push-ups, and a 1.5 mile run. Applicants must pass every section of the test.

**Each applicant is allowed one attempt at each test.**

*NOTE: Wear appropriate clothing.*

### **PERSONAL HISTORY STATEMENT (This information is confidential and will only be viewed by the Civil Service Commission and the Personnel Director)**

Also enclosed is a twenty-page Personal History that will also need to be completed. This needs to be completed and returned along with your application. The Sioux County Sheriff's Office will be conducting background investigations on each applicant. You will also be required to take a drug test prior to being employed as a Deputy.

### **ORAL INTERVIEWS**

Oral interviews are required for all applicants that successfully pass both the written and agility tests. The interviews are conducted by members of the Sioux County Civil Service Commission and last approximately 20 minutes. During the interview you may be asked to clarify any items on your personal history investigation along with the situational reasoning questions.

### **PSYCHOLOGICAL EXAMINATION**

Prior to being employed as a Deputy, you will be requested to take a psychological test.

## **ADDITIONAL INFORMATION ON SELECTION PROCESS**

After completion of the Civil Service testing procedures, a certified list of ten applicants will be submitted to the Sheriff for consideration for future position as a Deputy Sheriff.

When a Deputy applicant is selected from the Civil Service certified list, he/she will be required to complete the following:

1. A completed physical, including a back x-ray, hearing test (normal hearing in each ear as determined by examining physician) and uncorrected vision of not less than 20-100 in either eye, correctable to 20-20 and normal color vision.
2. After the Deputy applicant has been selected and satisfactorily completed all Civil Service and Sioux County Sheriff's Office requirements, that Deputy applicant shall hold a rank of Deputy Fourth Class, and shall complete a probationary period of twelve months in length or a probationary period of six months if the Deputy has satisfactorily completed prescribed law enforcement academy training. After completion of the probationary period, the deputy's status shall be deemed permanent.

## **JOB DESCRIPTION / DEPUTY SHERIFF**

### **JOB SUMMARY:**

Under general supervision of the Sheriff, Chief Deputy, Captain, Lieutenant and Sergeant, performs general duty law enforcement work with various divisions of the Sioux County Sheriff's Office involving a wide range of duties performed to protect life and property, enforce laws and ordinances, and preserve order within the community.

### **ESSENTIAL FUNCTIONS:**

1. Get along well with others and demonstrate sound leadership.
2. Have regular and predictable attendance.
3. Exercise rational judgment, control of emotions and leadership when responding to emergencies.
4. Self-initiate work priorities and work independent of direct supervision.
5. Protect the general safety of the public.
6. Drive emergency vehicles under stressful conditions.
7. Conduct physical apprehensions and arrests of resistive and/or fleeing, and often, dangerous suspects.
8. Be loyal by affirmatively promoting the mission, goals, objectives, and directives of the Sioux County Sheriff's Office as defined by the Sheriff.

### **GENERAL DUTIES AND RESPONSIBILITIES:**

1. Operate the assigned patrol vehicle in accordance with all applicable laws, regulations and Sioux County Sheriff's Office policy and procedure.
2. Patrol assigned area to include all public and private businesses and residences, parking lots, surface streets and highways enforcing all federal, state and local laws. Respond to calls for service, perform preliminary investigations as assigned, investigate suspicious persons or circumstances, and provide assistance to persons who require it.
3. Enforce traffic laws. Enforces all applicable, county, state and federal laws.
4. Conducts criminal investigations; collects, protects, processes and stores all physical evidence related to an investigation; interrogates and obtains statements from victims, witnesses and suspects; completes a wide variety of law enforcement reports.
5. Secures and protects the scene of a crime and the immediate area surrounding the crime scene so that no evidence is disturbed.
6. Reviews all reports, evidence and notes related to an investigation to allow for knowledgeable courtroom testimony.
7. Obtains arrest warrants from judicial authority by reviewing facts and evidence as basis for obtaining warrant resulting from the investigation of a criminal incident.
8. Makes arrests of persons observed or suspected of committing crimes, based on probable cause.
9. Confiscates property for evidence resulting from an arrest for safekeeping by physically taking property to the Evidence Processing Room and completing necessary paperwork.
10. Maintains all duty related personal and Sioux County Sheriff's Office equipment, to include: vehicles, uniform apparel, weapons and ammunition, handcuffs, badges, flashlights, cellular phones, laptop computers, video and radar equipment, and other specialized equipment.
11. Demonstrates a proficiency in the use of all issued equipment.
12. Communicates over and listens to law enforcement radio in a professional manner.
13. Orally communicates with the public, public safety personnel and supervisors to a degree that complete understanding is accomplished.
14. Assists in the evacuation or rescue of persons and property in emergency situations such as aircraft crashes, fires, floods, tornados and other natural or manmade disasters.
15. Provides victims of crime with information, referral, and other assistance as provided in Iowa law and Sioux County Sheriff's Office policy or regulations.

16. Speaks with and refers citizens in need to appropriate public and social services.
17. Speaks with and interacts with citizens on the beat to establish rapport and trust.
18. Maintains and organizes field notes and other information to complete comprehensive Sioux County Sheriff's Office reports.
19. Fills out all required paperwork in a timely manner.
20. Attends in-service and specialized training as required.
21. Performs highly specialized duties and tasks associated with specialized assignments such as Detective, K-9 Unit, Traffic Enforcement, Crime Prevention, School Resource Office, and instructor.

#### **MINIMUM QUALIFICATIONS:**

1. Be a United States citizen;
2. Be a resident of State of Iowa, Sioux County, or become a resident within ninety [90] days of employment;
3. Be at least twenty-one [21] years of age;
4. Possess a valid Iowa Driver's License;
5. Have a high school diploma or GED; or
6. Be at least eighteen [18] years of age if the applicant has received an associate's degree of sixty [60] semester hours of credit from an accredited college or university;
7. Successfully complete the minimum training required for licensure within the State of Iowa within one year of employment;
8. Never have been convicted of a *felony* or *misdemeanor involving moral turpitude* or is not currently under indictment for any criminal offense;
9. Have no previous or current charges of *driving while Intoxicated* or *driving under the Influence of drugs or alcohol*;
10. Never been convicted of any family violence offense;
11. Not be prohibited by state or federal law from operating a motor vehicle;
12. Not be prohibited by state or federal law from possessing firearms or ammunition;
13. Be subject to a thorough background investigation and personal interviews by Sioux County Sheriff's Office personnel;
14. If served in the armed forces of any country, demonstrate stability, reliability, & integrity, by having an Honorable Discharge [*Dishonorable, General, or Medical* discharges are not acceptable];
15. Have never had a commission or peace officer license denied by final order or revoked;
16. Not be currently on suspension, or have a voluntary surrender of a job related license currently in effect;
17. Demonstrate having a *good* financial credit rating for the last five [5] years;
18. Demonstrate reading and comprehension skills in the English language to at least the 10<sup>th</sup> grade level through interviews and written testing;
19. Demonstrate honesty and integrity, by successfully completing pre-employment interviews and drug testing;
20. Demonstrate good general medical health as determined by a medical doctor, who is licensed by the State of Iowa, and physical performance testing;
21. Free from illegal drug use, or legal drugs that impair mental or physical performance, for the past 5 years, as determined by interview, medical, or other testing;
22. Be declared in satisfactory psychological and emotional health by a State of Iowa psychiatrist who is licensed by the State of Iowa &
23. Be fingerprinted and subjected to a search of local, state, and national records and finger print files.
24. Continually demonstrate the ability to perform physical and mental tasks under stressful and often confusing circumstances. At time of application and periodically thereafter officers may be required to demonstrate these abilities without assistance. Minimum demonstrations of ability are those set by the Iowa Law Enforcement Academy which all applicants are required to perform at a passing level at the their Civil Service Test.



**PHYSICAL ABILITIES:**

1. Ability to see and accurately identify and distinguish between colors,
2. Ability to accurately identify and distinguish between the smell of different materials, or chemicals,
3. Possess good hearing in order to hear sirens, alarms, the human voice, and to accurately identify and distinguish between inputs from short or long ranges, and clearly hear radio messages,
4. Possess an audible voice for in-person and radio communications,
5. Possess sufficient body strength in order to perform normal duties of the position,
6. Ability to sit, stand, stoop, bend, and walk about.

**REQUIRED JOB KNOWLEDGE:**

1. Local, state and federal laws and current Sioux County ordinances.
2. Judicial system, operation and procedures for criminal prosecution.
3. Laws pertaining to citizen disputes and domestic violence.
4. Laws pertaining to arrest, search and seizure.
5. Legal limitations, authority, limits and requirements in the use of force.
6. First Aid procedures and equipment at the first respondent level.
7. Suspect/victim/witness interview and interrogation concepts, principles and practices.
8. Sioux County Sheriff's Office policies and standard operating procedures.
9. Public relations techniques for handling calls for service or complaints.
10. Crime scene processing procedures and the security and protection of a crime scene.
11. Basic crime prevention techniques.
12. Defensive tactics to protect self and others.
13. Proper arrest and suspect apprehension techniques.
14. Crime patterns, potential problem areas, and prior offenders within patrol area.
15. Jail and Communications Operations.
16. Record keeping, report preparation, filing methods and record management.
17. Correct English usage, including spelling, grammar, punctuation, and vocabulary.
18. Standard business arithmetic, including percentages and decimals.
19. Applicable state, federal and local laws, rules and regulations.
20. Computer applications related to the work.

**NOTE:** This class specification should not be interpreted as all inclusive. It is intended to identify the essential functions and requirements of this class. Incumbents may be requested to perform job-related responsibilities and tasks other than those stated in this description.

<b>Minimal Physical Fitness Performance Requirements Chart</b>					
<b>Males</b>	<b>Age</b>				
Test	20-29	30-39	40-49	50-59	60 +
Sit & Reach	16.5	15.5	14.3	13.3	12.5
1 Minute Sit-up	38	35	29	24	19
1 Minute Push-up	29	24	18	13	10
1.5 Mile Run	12:51	13:36	14:29	15:26	16:43
<b>Females</b>	<b>Age</b>				
Test	20-29	30-39	40-49	50-59	60 +
Sit & Reach	19.3	18.3	17.3	16.8	15.5
1 Minute Sit-up	32	25	20	14	6
1 Minute Push-up	15	11	9	* 12	* 5
1.5 Mile Run	15:26	15:57	16:58	17:54	18:44

\* Females in excess of 49 years of age may do pushups on their knees.  
 Normative data for these age groups have not been established.

Minimal physical fitness performance requirements chart.

<b>Males</b>	<b>Age</b>				
Test	20-29	30-39	40-49	50-59	60 +
Sit & Reach	16.5	15.5	14.3	13.3	12.5
1 Minute Sit-up	38	35	29	24	19
1 Minute Push-up	29	24	18	13	10
1.5 Mile Run	12:51	13:36	14:29	15:26	16:43
<b>Females</b>	<b>Age</b>				
Test	20-29	30-39	40-49	50-59	60 +
Sit & Reach	19.3	18.3	17.3	16.8	15.5
1 Minute Sit-up	32	25	20	14	6
1 Minute Push-up	15	11	9	*12	*5
1.5 Mile Run	15:26	15:57	16:58	17:54	18:44

## **FINGERPRINTING:**

As part of the Civil Service Testing process, each applicant is required to be fingerprinted. We are suggesting that prior to the testing date you have this already completed. It is recommended that you, as an applicant:

- Visit your local law enforcement agency and be fingerprinted.
- If you are submitting your application to the Sioux County Civil Service Personnel Director in person, you are welcome to have your fingerprinting done at the Sioux County Sheriff's Office.

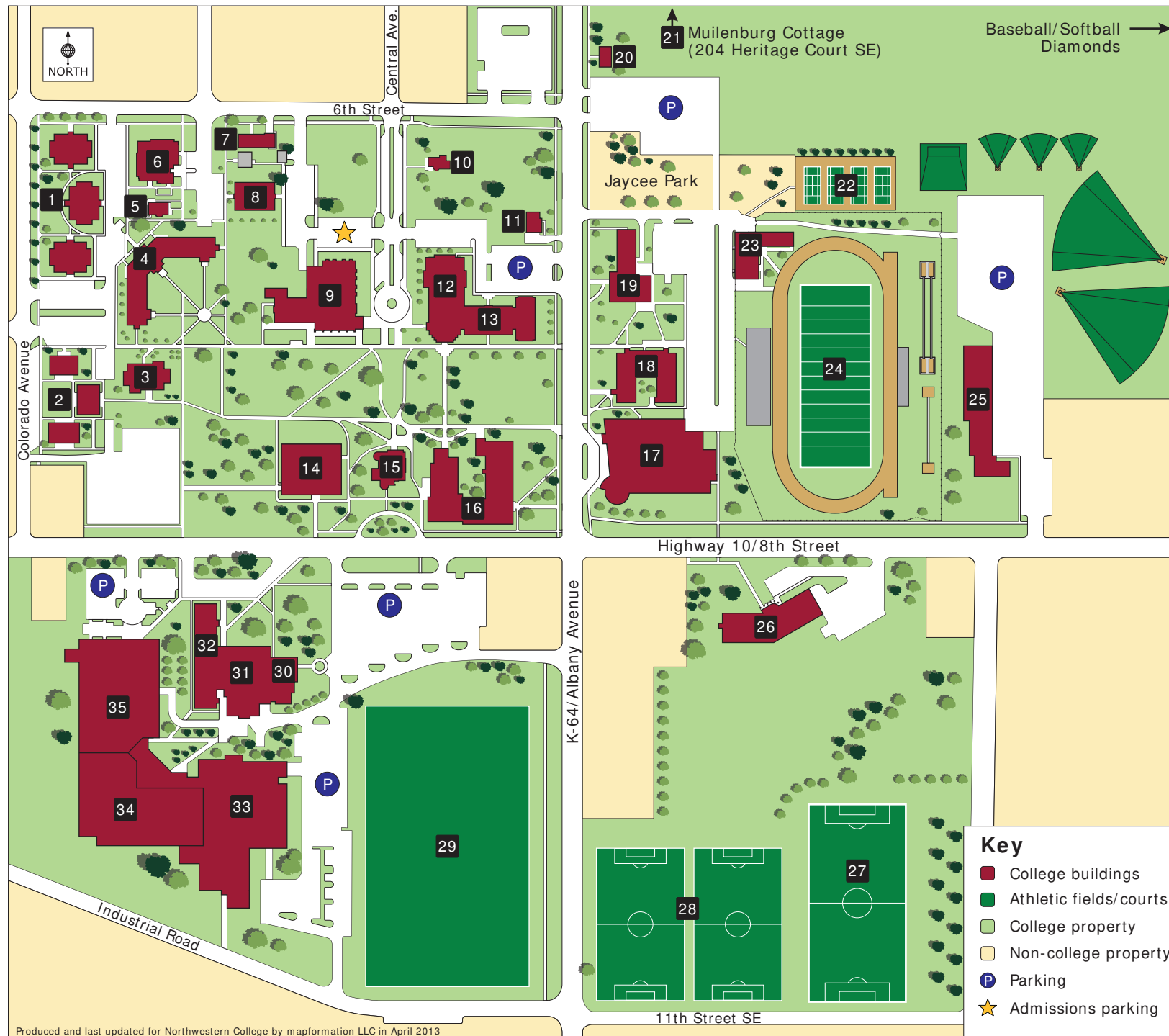
Joyce Murphy  
Sioux County Civil Service Personnel Director  
Sioux County Auditor's Office  
Orange City, IA  
PH. 712-737-2216  
[joycem@siouxcounty.org](mailto:joycem@siouxcounty.org)

## **NOTICE OF IOWA SMOKE FREE ACT**

Effective July 1, 2008, all Sioux County Employees must comply with Iowa's Smoke Free Air Act which prohibits smoking in public buildings and on public grounds. All applicants for employment with Sioux County are hereby notified that no person shall be permitted to smoke in or on the following publicly owned property in Sioux County:

1. Anywhere inside any public building, including the Courthouse, Treasurer's Office, Sheriff's Office and all other public buildings. This shall include all work areas, private offices, conference and meeting rooms, auditoriums, employee lounges, hallways, restrooms, elevators, stairways and any other enclosed space within such buildings.
2. Upon any outdoor area of a public building that is used in connection with the building, including, but not limited to sidewalks, patios, decks, courtyards, parking lots and any other publically owned outdoor areas which are so designated as nonsmoking by the person having custody or control of the public building.
3. In any motor vehicles or equipment owned or leased by Sioux County.
4. In any other place designated by Sioux County or its Office Heads as a nonsmoking area.

All applicants for employment with Sioux County are further notified that any employee caught smoking in a banned area is subject to a civil penalty of \$50.00 and may, in addition, be subject to disciplinary action up to and including termination.



## Campus Facilities

### Alphabetical Listing

- 1 Bolks Apartments
- 33 Bultman Center for Health, Physical Education and Intercollegiate Athletics
- 12 Christ Chapel
- 18 Colenbrander Hall
- 2 Courtyard Village Apartments
- 24 De Valois Stadium/Korver Field
- 31 DeWitt Center (cafeteria)
- 9 DeWitt Learning Commons
- 13 DeWitt Music Hall
- 34 DeWitt Physical Fitness Center**
- 17 DeWitt Theatre Arts Center
- 20 Doorenbos Cottage
- 32 Fern Smith Hall
- 8 Franken Center for Faith, Learning and Living
- 19 Hospers Hall
- 29 Intramural and practice football fields
- 26 Korver Visual Arts Center
- 23 Locker Room/Concession Stand
- 25 Maintenance Building
- 21 Muilenburg Cottage
- 6 North Suites
- 11 Noteboom Cottage
- 14 Ramaker Center
- 35 Rowenhorst Student Center
- 10 Sittser Cottage
- 28 Soccer fields, practice
- 27 Soccer field, competition
- 4 Stegenga Hall
- 22 Tennis courts (outdoor)
- 5 Vanderhill Cottage
- 16 Van Peursem Hall
- 30 Vermeer Dining Room
- 3 West Hall
- 7 Wiersma Cottage
- 15 Zwemer Hall (administration)

### Numerical Listing

- 1 Bolks Apartments
- 2 Courtyard Village Apartments
- 3 West Hall
- 4 Stegenga Hall
- 5 Vanderhill Cottage
- 6 North Suites
- 7 Wiersma Cottage
- 8 Franken Center for Faith, Learning and Living
- 9 DeWitt Learning Commons
- 10 Sittser Cottage
- 11 Noteboom Cottage
- 12 Christ Chapel
- 13 DeWitt Music Hall
- 14 Ramaker Center
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- 20 Doorenbos Cottage
- 21 Muilenburg Cottage
- 22 Tennis courts (outdoor)
- 23 Locker Room/Concession Stand
- 24 De Valois Stadium/Korver Field
- 25 Maintenance Building
- 26 Korver Visual Arts Center
- 27 Soccer field, competition
- 28 Soccer fields, practice
- 29 Intramural and practice football fields
- 30 Vermeer Dining Room
- 31 DeWitt Center (cafeteria)
- 32 Fern Smith Hall
- 33 Bultman Center for Health, Physical Education and Intercollegiate Athletics
- 34 DeWitt Physical Fitness Center
- 35 Rowenhorst Student Center



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[www.nwciowa.edu](http://www.nwciowa.edu)

## RELEASE

I, \_\_\_\_\_ am requesting the opportunity to participate in a physical agility test as part of the entrance examination for the position of Sioux County Deputy Sheriff. I have been informed of the nature and the physical requirements of such test, and I represent that I am of sufficient strength and in sufficient health to take it. I understand that any physical test such as this may subject me to some risk of physical injury, and I accept full responsibility for such risk.

Therefore, in consideration of the opportunity to participate in such physical agility test as part of the entrance examination for the position of Sioux County Deputy Sheriff, I do hereby release, covenant not to sue and hold harmless Sioux County, its officers, employees, and agents and Northwestern College from any and all liability to me, my next of kin, and the personal representative of my estate, my heirs and beneficiaries and any other persons who are my successors in interest. Such release shall apply to all loss or damage and any claim, therefore as a result of injury to me or my property or my death, even if caused by negligence of any of those whom I have released. I understand that I am assuming the full risk of injury for any activity regarding the physical agility test.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2015 in \_\_\_\_\_  
City, County, State

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Signature of Applicant

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Signature of Witness

Sioux County Civil Service Commission  
Application for Entrance Exam

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_
2. Alias (s), nicknames, maiden name, other changes in name: \_\_\_\_\_  
\_\_\_\_\_
3. Current Home Address: \_\_\_\_\_  
\_\_\_\_\_  
(Include Street, PO Box, City, State, and Zip Code)
4. Phone Number: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
6. Are you a United States Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are you an Iowa resident? \_\_\_\_\_
8. Do you have a current Iowa Driver's License? \_\_\_\_\_
9. Have you ever had your license revoked or suspended? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
(If necessary, use a separate sheet of paper)
10. Are you able to read and write the English Language? \_\_\_\_\_
11. Would you be opposed to the use of force to fulfill your duties as a Deputy Sheriff? \_\_\_\_\_
12. Have you have been arrested for any reason? \_\_\_\_\_ if so, give date, place and disposition:  
\_\_\_\_\_

13. ***EDUCATION HISTORY***

High School or GED	Address	City	State	Degree
College	Address	City	State	Degree
College	Address	City	State	Degree
Graduate School	Address	City	State	Degree
Other	Address	City	State	Degree



14. List the skilled trades you know and the extent of your experience in each: \_\_\_\_\_  
\_\_\_\_\_

15. How much time have you lost from work in the last five years due to injury or illness?

Explain: \_\_\_\_\_

16. ***FULL EMPLOYMENT HISTORY (List below your employers, starting with the most recent one first)***

Employer	Location	From (Month/Year)	To (Month/Year)

17. Attach and return photocopies or certified copies of the following with this application:

- a. Birth Certificate
- b. High School Diploma or equivalency certificate.
- c. Driver's License
- d. Military discharge (DD-214) – (if applicable)
- e. Physician's statement – You must have been seen by a doctor within the past twelve months. Provide a copy of your most recent physical examination or a statement from your physician confirming your ability to physically handle the duties of a deputy Sheriff.

18. Have you applied with any other law enforcement agency within the past year? \_\_\_\_\_

In addition to the above attachments, a photograph and fingerprint impressions will be taken at the time of the written test.

I hereby certify that there are no misrepresentations, omissions, or falsifications in the forgoing statements and answers. The entries made by me are true, complete, correct and made in good faith.

Signed : \_\_\_\_\_

## PHYSICAL CHALLENGES

In the course of your career as a deputy with the Sioux County Sheriff's Office you may be called upon to perform the following job functions. Please indicate by marking yes or no as to whether or not you feel you are able to perform these functions with or without reasonable accommodations.

Yes	No	Activity
		Carry a person who has been arrested and is unable or refuses to walk to the police car
		With the aid of another officer, carry a stretcher with an injured person on it
		With the aid of another officer, carry a body bag containing a dead person
		Carry equipment belt (which contains gun, mace, walkie-talkie) for the duration of a shift by wearing it around your waist
		Carry a sick or injured person down several flights of stairs
		Carry a person who has been overcome by smoke from a burning building
		Carry an unconscious person out of a ditch or across rough terrain
		Carry various types of equipment (TV's, stereos, small safes) that have been confiscated
		Climb up a fire escape or a steep embankment
		Climb over a fence or fallen tree while chasing a suspect
		Climb a rope
		Climb up to and through the window of a building
		Climb a fence that surrounds a building
		Pull an unconscious or injured person from an automobile that was involved in an accident.
		Pull your own weight off the ground
		Pull a person that you want to arrest out of a car, while the person is resisting
		Pull one person away from another
		Pull open the door of a car that was involved in an accident
		Run after a suspect on the street
		Run after a suspect through the yards of a residential area
		Run after a suspect through a parking lot, running around the cars
		Run up/down stairs or steep inclines
		Run to the scene of an accident if you are unable to get to the scene with your vehicle

Yes	No	Activity
		Run after a suspect through a wooded area
		Push a stalled car
		Force open a locked door to a house or other building
		Push a person to keep him/her away from an emergency area (at a car accident or fire) when he/she tried to force his/her way into the emergency area
		Jump out of the way of an object that has been thrown at you
		Jump over a ditch while chasing a suspect that you want to arrest
		Jump over a fence while chasing a fleeing suspect
		Jump across (or over) holes and small objects in a yard or field while chasing a fleeing suspect
		Jump up in order to grasp the top of a wall or fence
		Jump down from a fence top, after climbing up the fence while chasing a person
		Jump up in order to grasp the bottom rung of a fire escape
		With the aid of another officer, lift an unconscious or injured person onto a stretcher
		Lift a person, who is resisting arrest, into a paddy wagon
		With the aid of another person, carry a stretcher down several flights of stairs while holding the stretcher over your head
		Drag a person who is unable to walk from a dangerous area (such as a house fire, accident etc.)
		Drag an obstacle (such as a tree limb) or dead animal from the roadway
		Drag a person out of a lake, river or ditch
		Crawl through the duct work of a heating system while searching for a prowler or suspect
		Crawl into a car that has been involved in an accident
		Crawl through a culvert under a road
		Balance while walking across a log that has fallen across a creek or ditch
		Balance while walking on beams in an attic
		Change the tire of a police car or car of a person who has asked for help
		Kick in a locked door
		Stand in an intersection or at an emergency site

Yes	No	Activity
		Swim in a lake or river
		Dodge clothes lines, lawn furniture, etc., while chasing a fleeing suspect through a residential area
		Wrestle a person to the ground who is trying to escape, after being arrested or resisting arrest
		Run on different textured surfaces

I do hereby swear and affirm that each statement is true and accurate to the best of my knowledge. I understand that providing false, misleading and/or incomplete information is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.

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(Signature)

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(Date)



# 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **“SIOUX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER”**

\*Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on this application is intended to secure information to be used for such discrimination.

**Return completed application to:**     **Sioux County Sheriff’s Office**  
**4363 Ironwood Avenue**  
**Orange City, Iowa 51041**

### **2.     RESIDENCES**

A. List chronologically, **all** of your residences for the last ten (10) years (including addresses while attending school if away from home and military addresses including any off-base housing).

Dates		Street Address	Apt #	City	County	State
From	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 _____	Addresses Residence: _____ Business: _____ Telephone #: ( _____ ) _____
# Yrs. Acquainted _____ Occupation _____	
Complete Name _____	Addresses Residence: _____ Business: _____ Telephone #: ( _____ ) _____
# Yrs. Acquainted _____ Occupation _____	
Complete Name _____	Addresses Residence: _____ Business: _____ Telephone #: ( _____ ) _____
# Yrs. Acquainted _____ Occupation _____	



Give three (3) social acquaintances in your own age group.

Complete Name _____	Addresses Residence: _____ Business: _____ Telephone #: ( _____ ) _____
# Yrs. Acquainted _____ Occupation _____	
Complete Name _____	Addresses Residence: _____ Business: _____ Telephone #: ( _____ ) _____
# Yrs. Acquainted _____ Occupation _____	
Complete Name _____	Addresses Residence: _____ Business: _____ Telephone #: ( _____ ) _____
# Yrs. Acquainted _____ Occupation _____	

## 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 _____						

## 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:

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2. Are there any additional remarks you would like to make? \_\_\_\_\_

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

# **PERSONAL HISTORY STATEMENT**

READ CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is important that the information be accurate in all respects. This document will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation.
7. As you complete the questionnaire, you may be uncertain about how to answer a particular question. In that case, you should circle the question and the background investigator will discuss it with you at a later date.

**Sioux County Civil Service Commission**  
**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 become a law enforcement officer.

\*This consent to release information shall expire April 1<sup>st</sup>, 2017 unless earlier revoked by applicant.

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: \_\_\_\_\_



## PERSONAL HISTORY STATEMENT

**A. APPLICANT IDENTIFICATION** – Information provided in this section is used for identification purposes only.

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)
2. Address: \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)
3. Telephone number: \_\_\_\_\_
4. Date of birth: \_\_\_\_\_  
(Month) (Day) (Year)
5. Nickname(s), maiden name, or other names by which you have been known:  
\_\_\_\_\_
6. Social Security number: \_\_\_\_\_
7. Place of birth: \_\_\_\_\_  
(City) (County) (State)
8. Are you a U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Driver's license #: \_\_\_\_\_ State of issue: \_\_\_\_\_
10. Height: \_\_\_\_\_
11. Weight: \_\_\_\_\_
12. Color of eyes: \_\_\_\_\_
13. Color of hair: \_\_\_\_\_
14. Scars, tattoos or other distinguishing marks: \_\_\_\_\_  
\_\_\_\_\_

- B. RESIDENCES:** List all addresses where you have lived during the past 10 years, beginning with present. List date by month and year. Attach an additional page if needed.

From	To	Address

- C. WORK HISTORY:** Beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if needed.

- From\_\_\_\_\_ To\_\_\_\_\_ Employer \_\_\_\_\_  
Address\_\_\_\_\_  
Phone Number\_\_\_\_\_ Job title\_\_\_\_\_  
Duties\_\_\_\_\_  
\_\_\_\_\_  
Supervisor\_\_\_\_\_ Co-worker\_\_\_\_\_  
Reason for leaving\_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
3. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
4. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
5. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job title \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

6. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Job title \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

**D. MILITARY RECORD**

1. Have you served in the U.S. Armed Forces? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Date of service: From \_\_\_\_\_ To \_\_\_\_\_ Branch of service: \_\_\_\_\_  
 Unit designation: \_\_\_\_\_  
 Military service number: \_\_\_\_\_ Highest rank held: \_\_\_\_\_  
 Type of discharge: \_\_\_\_\_
3. Were you ever disciplined while in the military service? (include court-martial, captain's masts, company punishments, etc.) \_\_\_\_\_ YES \_\_\_\_\_ NO

Charge	Agency	Date	Age at Time	Disposition

If you received a discharge other than honorable, give complete details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. EDUCATIONAL HISTORY**

1. High schools attended:

High School	City and State	From	To	Diploma?

2. College or university attended:

College or University	City and State	From	To	Major/Minor	Degree?

3. List other schools attended (trade, vocational, business). Give name and address of school, dates attended, course of study and any other pertinent information.

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4. What was your grade average in high school? \_\_\_\_\_ College? \_\_\_\_\_

5. Sports you played in high school? \_\_\_\_\_  
College? \_\_\_\_\_

6. Extra activities (school related) that you were involved in while in high school?

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College? \_\_\_\_\_

7. Was it ever necessary for the schools to take disciplinary action with you?  
\_\_\_\_\_ If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Did you endure personal sacrifice to obtain your college degree? \_\_\_\_\_ If so,  
explain: \_\_\_\_\_  
\_\_\_\_\_

**F. SPECIAL QUALIFICATIONS AND SKILLS**

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.) showing licensing authority, original date of issue and date of expiration:

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2. List any specialized machinery or equipment which you can operate:

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3. If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair):

Language	Reading	Speaking	Understanding	Writing

4. List any other special skills or qualifications you may possess: \_\_\_\_\_

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**G. ARRESTS, DETENTIONS AND LITIGATION**

1. Have you ever been arrested, detained by police or summoned into court?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete the following:

Crime Charged	Police Agency, City/State	Date	Disposition of Case

2. Have you ever been involved as a party in civil litigation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

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## H. TRAFFIC RECORD

1. Has your driver's license ever been suspended or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date, location and reason: \_\_\_\_\_

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2. With what company do you carry auto insurance? \_\_\_\_\_

3. List to the best of your ability all driving citations you have ever received as both an adult and as a juvenile. Exclude parking tickets:

Month and Year	Charge	City and State	Disposition

4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations: \_\_\_\_\_

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**I. MARITAL AND FAMILY HISTORY**

1. Are you: \_\_\_\_\_ Single  
\_\_\_\_\_ Engaged  
\_\_\_\_\_ Married  
\_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced  
\_\_\_\_\_ Widowed
2. If engaged:  
Name of fiancé: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
3. If married:  
Date of marriage: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Spouse's name (wife's maiden name): \_\_\_\_\_
4. If ever separated, divorced or widowed:  
Date of marriage: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Spouse's name (wife's maiden name): \_\_\_\_\_  
Present address and phone number: \_\_\_\_\_  
Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Annulled \_\_\_\_\_  
Date of order or decree: \_\_\_\_\_  
Court and state where issued: \_\_\_\_\_  
\_\_\_\_\_

5. List all children related to you or your spouse (natural, stepchildren, adopted and foster children)

Name	Relation	Date of Birth	Address	Supported by:

6. List all other dependents:

Name	Address	Relation

7. List other relatives in the following order: father, mother (include maiden name), brothers, sisters. If deceased, so indicate.

Name	Address	Phone Number	Relation	Age

## J. FINANCIAL HISTORY

### Sources of Income

- What is your present salary or wage? \_\_\_\_\_
- Do you have income from any source other than your principal occupation?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, How much? \_\_\_\_\_  
 How often? \_\_\_\_\_  
 Source? \_\_\_\_\_
- Do you own any real estate? Yes \_\_\_\_\_ No \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Location? \_\_\_\_\_
- Do you own any bonds, government or other? Yes \_\_\_\_\_ No \_\_\_\_\_ Value \$ \_\_\_\_\_
- Do you own any corporate stock? Yes \_\_\_\_\_ No \_\_\_\_\_ Value \$ \_\_\_\_\_
- Do you have a bank account? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Savings or Checking	Name of Bank	Address of Bank	Average Balance

## 7. Financial Obligations

Give the names and addresses of the individuals, companies or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debt or payments. Include account numbers where applicable.

Type	Name and Address of Creditor	Reason for Debt or Item Purchased	Account Number	Total Owed	Monthly Payment
Total				\$	\$

**K. MEDICAL HISTORY**

1. List the following information concerning all doctors consulted within the last three (3) years and all periods of hospitalization within the last five (5) years.

Reason for Consultation	Month/Year	Duration of Complaint	Name and Address of Doctor or Hospital

2. Do you have any physical handicaps, chronic diseases or disabilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever received Workmen's Compensation or other disability insurance payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

4. Are you currently taking any medication prescribed by your physician?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

## L. REFERENCES

List five persons who know you well enough to provide current information about you.  
Do not list relatives or former employers.

Name \_\_\_\_\_ Address \_\_\_\_\_  
Residence phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Business address \_\_\_\_\_  
Years known: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Residence phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Business address \_\_\_\_\_  
Years known: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Residence phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Business address \_\_\_\_\_  
Years known: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Residence phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Business address \_\_\_\_\_  
Years known: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
Residence phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Business address \_\_\_\_\_  
Years known: \_\_\_\_\_

**M. MEMBERSHIP IN ORGANIZATIONS (past and/or present)**

Name and Address	Type (Social, Fraternal, Profession)	From	To

**N. PERSONAL DECLARATIONS**

- Describe in your own words the frequency and extent of your use of intoxicating beverages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Have you ever used marijuana or any other drug not prescribed by your physician? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_
- Have you ever sold or furnished drugs or narcotics to anyone?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain in detail: \_\_\_\_\_  
\_\_\_\_\_
- If it became necessary to take a human life in the course of your duties as a police officer, would any religious or other beliefs prevent you from doing so?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

5. What are your personal interests, hobbies and pastimes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Offices and positions of leadership you have held in groups, associations and organizations of which you were or are presently a member:

Position	Name and Type of Group

7. Do you have any religious or other beliefs which would prevent you from fully performing the duties of a police officer including working on weekend, evening or night shifts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever made application for employment with this or any other law enforcement or related agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

9. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of employment.

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Signature of Applicant

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Date

STATEMENT FROM PHYSICIAN

I hereby certify that \_\_\_\_\_, an applicant for the Sioux County Civil Service Deputy Sheriff Examination has had a physical examination within the last 12 months. The details are on file at my office at the address listed below. I verify that his/her physical condition is adequate in order to perform the physical requirements on the following chart.

<b>Males</b>	<b>Age</b>				
Test	20-29	30-39	40-49	50-59	60 +
Sit & Reach	16.5	15.5	14.3	13.3	12.5
1 Minute Sit-up	38	35	29	24	19
1 Minute Push-up	29	24	18	13	10
1.5 Mile Run	12:51	13:36	14:29	15:26	16:43
<b>Females</b>	<b>Age</b>				
Test	20-29	30-39	40-49	50-59	60 +
Sit & Reach	19.3	18.3	17.3	16.8	15.5
1 Minute Sit-up	32	25	20	14	6
1 Minute Push-up	15	11	9	*12	*5
1.5 Mile Run	15:26	15:57	16:58	17:54	18:44

Comments:

\_\_\_\_\_ Doctor's Signature

\_\_\_\_\_ Address

\_\_\_\_\_  
\_\_\_\_\_ Date

## AGENDA

### Sioux County Civil Service Testing Schedule

NORTHWESTERN COLLEGE  
ROWENHORST STUDENT CENTER (*RSC*)  
DEWITT FITNESS CENTER 4 – COURT AREA  
&  
RSC Classroom # 118

MONDAY, FEBRUARY 9, 2015

- |                    |   |
|--------------------|---|
| 7:30 – 7:45 a.m.   | Registration- (Refreshments (RSC #118))   |
| 8:00 a.m.          | Physical Fitness Testing (RSC)  |
| 9:00 a.m.          | One hour break for Successful Physical<br>Fitness Testing Applicants  |
| 10:00 – 10:50 a.m. | Entrance Exam Testing w/ Iowa Law<br>Enforcement Academy Representative (RSC #118)<br><u>A picture ID is required before testing.</u> |
| 10:50 a.m. - ?     | Photographing<br>Interviews with the Civil Service Commission   |