

EDUCATION AND TRAINING:

High School: _____ Did you graduate: _____

College: _____ Did you graduate: _____

_____ Did you graduate: _____

If you did not graduate from high school, have you passed a G.E.D. test: _____ (A minimum requirement set by the State of Iowa is that a peace officer *must* be a high school graduate or hold a G.E.D. certificate. If you *do not* meet that minimum requirement you cannot be considered and you should not return your application)

In what specific skills are you competent as they relate to the law enforcement profession: _____

What equipment can you operate as it pertains to the profession of law enforcement: _____

Are you certified by the Iowa Law Enforcement Academy: _____ If not, if you are currently certified in any other state, please list that state and your year of certification: _____

To become a Deputy Sheriff for Wright County, all minimum hiring standards must be satisfied:

Are you a U.S. resident and a resident of Iowa, or intend to become a resident prior to your date of employment: _____

Will you be at least 21 years of age on or before May 27, 2010: _____

Do you hold a valid Iowa drivers license or able to obtain one before your date of employment: _____

Are you currently addicted to drugs or alcohol: _____

Are you of good moral character: _____

Have you ever been convicted of a felony or a crime involving moral turpitude: _____

Do you believe you can pass the physical fitness tests adopted by the ILEA: _____

Are you opposed to using force to fulfill the duties of Deputy Sheriff: _____

Do you have uncorrected vision of not less than 20/100 in both eyes, which vision is corrected to at least 20/20, or which will be corrected to at least 20/20 prior to your date of employment: _____

Do you have color vision consistent with the occupational demands of law enforcement: _____

Do you have normal hearing in each ear with or without accommodation: _____

Are you aware that as a condition of your employment that you will have to be examined by a physician and meet the physical requirements necessary to fulfill the responsibilities of a Deputy Sheriff: _____

Are you aware that as a condition of your employment you will have to pass a drug screening: _____

Do you believe that you will be able to pass the drug screening: _____

Employment Record: List present or most recent employer first
If currently employed, may we contact your current employer: _____

1. Employer's Name: _____

Employer's Address: _____

Position Title / Duties: _____

Dates Employed: _____

Most Recent Earnings: _____

Reason for Leaving: _____

2. Employer's Name: _____

Employer's Address: _____

Position Title / Duties: _____

Dates Employed: _____

Most Recent Earnings: _____

Reason for Leaving: _____

3. Employer's Name: _____

Employer's Address: _____

Position Title / Duties: _____

Dates Employed: _____

Most Recent Earnings: _____

Reason for Leaving: _____

Use additional sheets if more space is needed.

Personal References: List three persons who are **NOT** related to you, who know you well enough to provide current information about you. Do **NOT** list former employers.

1. Name: _____ Years known: _____

Address: _____

Home Phone: _____ Work Phone: _____

2. Name: _____ Years known: _____

Address: _____

Home Phone: _____ Work Phone: _____

3. Name: _____ Years known: _____

Address: _____

Home Phone: _____ Work Phone: _____

Work Related References – List three persons who are NOT related to you, with direct knowledge of your work performance whom we may contact. (People who are or were in supervision of your work performed)

1. Name: _____ Years Known: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Work Phone: _____

2. Name: _____ Years Known: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Work Phone: _____

3. Name: _____ Years Known: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Work Phone: _____

Wright County Sheriff's Office

APPLICANT'S WAIVER OF LIABILITY
AND RELEASE FORM FOR EMPLOYMENT

I hereby affirm that the information provided in this application, any accompanying resume, or any other additional information submitted with this application, is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for employment, and may be considered justification for dismissal if later discovered.

In order to permit the Wright County Sheriff's Office to make a thorough investigation of my background, health, family, personal habits and reputation, for the purpose of determining my fitness and suitability for employment with Wright County, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons or entities who shall furnish any information or opinions regarding my background, health, family, personal habits and / or reputation and waive any and all legal privileges I may have to maintain such information as confidential, including but not limited to, the following privileges: attorney – client, physician – patient; psychotherapist – patient; clergyman – penitent; husband – wife; and accountant – client. The undersigned hereby authorizes any person or entity who may be contacted by the Wright County Sheriff's Office, its employees, officers, or agents to release and transmit to such employees, officers or agents any information, data, or opinions they may have regarding my background, health, family, personal habits, or reputation. I understand that the source of such information or opinions provided to the Wright County Sheriff's Office shall be confidential and that Wright County shall not be required to reveal the content or source of any information or opinions.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action Wright County, its employees, its officers, or its agents, for any statements, acts or omissions in the course of investigation into my background, health, family, personal habits and reputation.

I further realize that it is necessary for the Wright County Sheriff's Office to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with the County, I expressly waive all of my legal rights and causes of action to the extent that the Wright County Sheriff's Office's investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability by me to the Wright County Sheriff's Office and all of its employees, officers, agents and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and / or personal representatives.

Printed Name: _____

Signature: _____ Date: _____