



Employment Application

Delaware County

The position I am applying for is: _____

Last Name First Name Middle Name

Address Street City State ZIP Code

Telephone Number Email Address

Driver's License Number Do you possess a Class A Commercial Driver License (CDL)
Yes ☐ No ☐

List additional names you have used: _____

Please list an additional phone number where we can leave a message:

Name: _____ Relationship: _____ Number: _____

How did you learn about this employment opportunity?

☐ Newspaper ☐ Job Service ☐ Friend ☐ Walk-in ☐ Website ☐ Education Institution ☐ Employee ☐ Other

Please be sure to answer all items completely and accurately.

Type of work you would accept: ☐ Full time ☐ Part time ☐ Seasonal ☐ Temporary

What date would you be available for work? _____

Have you ever filed an application with us before? Yes ☐ No ☐ If yes, Month/Year: _____

Have you ever been employed with us before? Yes ☐ No ☐ If yes, In what capacity? _____

From: _____ To: _____ Reason for Leaving: _____

What is the minimum salary that you would accept? _____

Do you have any relatives currently employed by us? Yes ☐ No ☐

If yes, state the name, relationship and department in which they are employed. _____

Are you legally eligible to be employed in the U.S.? Yes ☐ No ☐ (Proof of identity and eligibility will be
Are you a veteran of the U.S. Armed Forces? Yes ☐ No ☐ required upon employment)

Dates of military service: _____ Branch: _____

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes ☐ No ☐

If so, please indicate the nature of the offense, date, state and disposition. _____

(A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision.

I hereby acknowledge that any employment relationship with Delaware County is of an At-Will nature, which means that the employee may resign at any time and that Delaware County may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Delaware County constitutes an employment contract unless a specific document to that effect is executed by Delaware County and be in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Delaware County cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

It is the policy of Delaware County to provide equal treatment to all Delaware County employees and applicants for Delaware County employment without regard to race, color, religion, political affiliation, creed, sex, sexual orientation, gender identity, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

Individuals in need of special accommodations are asked to notify our office in advance.



Addenda to job application Veteran Status

This portion is required to be submitted with each application by Iowa Code Chapter 35C

Name of Applicant: _____

1. Are you a United States citizen? ____Yes ____ No
2. Are you a citizen and resident of the State of Iowa? ____Yes ____No
3. Are you an honorably discharged veteran from the military or naval forces of the United States in any war in which the United States has been engaged, including the Korean Conflict at any time between June 25, 1950 and January 31, 1955, both dates inclusive, the Vietnam Conflict beginning August 5, 1964, and ending on May 7, 1975, both dates inclusive, and the Persian Gulf Conflict beginning August 2, 1990, or the current conflicts in Iraq or Afghanistan? ____Yes ____No
4. Did you receive an honorable discharge? ____Yes ____No
5. If the answer to questions 1, 2, 3, and 4 is yes, please complete the following:
 - a. In which war did you serve?
 - b. In which branch of the military did you serve?
 - c. When did you enter the military? (Month, day, year):
 - d. When were you discharged from the military? (Month, day, year):
 - e. Please attach a copy of your DD214 to this job application.

The above information is true and correct.

Signature of Applicant



Authorization for Criminal, Child and Adult Record Check

* Name:

* Social Security Number:

* Date of Birth: _____

* Driver's License Number:

* Driver's License State of Issue: _____

* *Required Information*

*I, _____, do hereby authorize Delaware County representative to
conduct an Iowa criminal history and Dependent Adult and Child Abuse registry check with the
Division of Criminal Investigation.*

Signature: _____

Date: _____



DELAWARE COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____ do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, to and by a duly authorized agent of the Delaware County Sheriff's Office, whether said records are of a public, private, and/or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records including, but not limited to, those held by education institutions, financial institutions, credit institutions or credit agencies, including records of deposits, withdrawals, and balances of checking and saving accounts or loans, social media sites, and also the records of commercial or retail agencies (including credit reports and/or credit ratings); medical and/or psychiatric treatment and/or consultations, including records held by hospital(s), clinics, private practitioners, and the United States Veteran's Administration; records held by public utility companies; employment and pre-employment records, including the results of background investigation reports and polygraph examination or Computer Voice Stress Analyzer results, child protective services records, efficiency ratings and/or performance evaluations, records of complaints and/or grievances filed by or against me, and salary records; real and personal property records, and other financial statements and records, wherever filed; records of complaint, arrest, trial and/or convictions(s) for alleged or actual violations of law, including criminal and/or traffic offense records, further to include all such records whether "adult" or "juvenile," and records of a civil nature made by and/or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of counsel, whether representing me or another person in any case in which I presently am involved or have had an interest.

I fully consent, after a conditional offer of employment is made, to any physical, psychological, or other testing, including urine and/or blood for controlled dangerous substances, to determine my suitability to be employed by the Delaware County Sheriff's Office prior to beginning employment and also during the entire course of my employment with the Delaware County Sheriff's Office.

I also fully consent to submit to a polygraph examination and/or Computer Voice Stress Analyzer (CVSA) for the purpose of verification of information given by me or contained in my records, application and/or interview in connection with my application for employment with the Delaware County Sheriff's Office. I hereby release and waive any and all rights which may be given to me by any State, County, or municipality law to refuse or decline to undertake a polygraph examination and/or Computer Voice Stress Analyzer (CVSA).

AUTHORIZATION FOR THE RELEASE OF INFORMATION (continued)

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records and any other information including statements which will permit the development of a background and history of my personal and professional life. I further reiterate my authorization to submit, after a conditional offer of employment is made, to any and all medical, physical, psychiatric, psychological, or other testing, including, urine and/or blood for controlled dangerous substances for the specific purpose of developing pertinent information for the Delaware County Sheriff's Office to consider in the determining my suitability for employment by the Office, or by any other duly constituted law enforcement agency. It is my specific intent to provide access to information, however personal, privileged, or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny or prevent access to any other records not specifically identified herein.

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 Authorization for the Release of Information will be considered in determining my suitability for employment, as stated above. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

I further understand that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the Delaware County Sheriff's Office, the source(s) of confidential information cannot and will not be released and/or revealed to me. Additionally, all information and documentation obtained, to include testing results, will be the sole property of the Delaware County Sheriff's Office.

Additionally, I agree to indemnify and hold harmless the person(s) to whom this Authorization for the Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees, arising out of, or by reason(s) for complying with the request for information that this Authorization provides.

Lastly, it is further understood by me, that choosing to sign this document digitally or via photocopy, including a facsimile (or FAX) copy of the actual original of this Authorization for the Release of Information will be valid as an original hereof, even though the said digital copy, photocopy or facsimile does not contain an original writing of my signature or notary public, if applicable. I also, understand that using a digital signature will be considered valid and as intent to sign this Authorization for Release and Questionnaire, as it is covered by Uniform Electronic Transactions Act.

Full Legal Name

Signature

Date



DELAWARE COUNTY SHERIFF'S OFFICE

CONFIDENTIAL QUESTIONNAIRE

CANDIDATE

APPLICANT INFORMATION

Full Name: _____

Address: _____

Cell Phone Number: _____

Email Address: _____

Date Completed: _____



IMPORTANT NOTICE TO APPLICANT

The employment process for the Delaware County Sheriff's Office is an extremely competitive endeavor. You will be competing against highly qualified applicants for a limited number of position vacancies within this Office. Our community expects and demands that we employ only those individuals who possess the highest degree of impeccability in terms of personal background, judgment, maturity, integrity, and credibility.

The completion and submission of this confidential questionnaire is the first step in a thorough and lengthy employment process. All questions contained within this document must be answered as thoroughly, as completely, as honestly, and as candidly as possible.

It cannot be stressed enough the importance of the accuracy and thoroughness of your responses to the questions contained within this document. The omission of information and/or identified deception will not be tolerated or accepted by this agency.

The information which you provide to this agency will be carefully analyzed and evaluated in order to determine your suitability for employment consideration. Any identified discrepancy in the information provided or the omission of requested information will, in all probability, result in your removal from this and future employment processes with the agency.

Many applicants are automatically removed from the hiring process due to the omission of information that ordinarily would not have excluded them from further consideration. This agency will not consider individuals for employment who we find, or consider, less than honest and forthright in the information they provide to us.

Remember that the information provided will be verified during the Computer Voice Stress Analyzer (CVSA) component of the employment process. Information knowingly withheld or falsified will be identified by the CVSA Examiners.

No other document, which you will be required to complete during the employment phase, will be as important as this document. It is in your own best interest to thoroughly read the entire questionnaire prior to completing the questionnaire. A properly completed document will enable us to more accurately evaluate your application. You should understand that we will not process an incomplete questionnaire.

Instructions

1. Read all instructions carefully before completing this document. Incomplete or incorrectly completed questionnaires will not be accepted and you may be removed from the hiring process.
2. Before completing this document, closely read the instructions which are written throughout. There are several documents that you are required to obtain and submit. These documents may be necessary to sufficiently complete this questionnaire.
3. The pdf file format can be filled out in any pdf reader program you find online. Adobe Reader is the preferred program for completing this form. Save the file regularly as you complete it to prevent losing your work or having to start over. Upon completion, save the document and print it on plain white paper, single sided. You will submit one paper copy to us and keep a paper copy and the electronic copy for your records. The Authorization for Release of Information and Statement of Consent, as well as the Authorization for Release of Credit Information, may be handwritten.
4. When listing individuals, be sure that you provide the full identity of the individual with their full and correct name, title, position, etc. Furthermore, you must provide complete home and/or business addresses. We will not attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers, ZIP codes, area codes, etc. It is your responsibility to provide complete and accurate information. Do not omit work phone numbers, cell phone numbers, or email addresses because you think the reference may not want to be contacted that way. Provide ALL information as requested.
5. When answering Yes/No or multiple choice respond with an X in the appropriate box or boxes.
6. In the Applicant's Employment History, ensure that you provide the required information for every employer that you have worked for, starting with your current employer and working backwards to your first employer. If you were employed by more than one employer during the same time frame, list the primary employer first, and then list the secondary or part time employer within the next section. Additionally, indicate the dates of unemployment in the "Dates Employed (From/To)" section and provide the reason for the period of unemployment in the "Reason for Leaving" section. Enter the period of unemployment in the same manner as if it were another employer, writing "Unemployment" in the block marked "Name of Employer."
7. When completing the explanation for a 'yes' response in a text box, keep in mind that the number of characters is limited.



DELAWARE COUNTY SHERIFF'S OFFICE

USE OF SOCIAL SECURITY NUMBERS

The Delaware County Sheriff's Office conducts background investigations on all potential employees to determine their suitability for employment. The information requested in this confidential questionnaire is necessary in order to conduct these investigations.

We require information on matters such as citizenship and military service in order to determine whether you are affected by laws we must follow in determining who may be employed by this Office. We may not be able to offer you employment if you fail to answer these questions. We require that you provide to us your Social Security Number (SSN) in order to maintain accurate and complete records due to the fact that other applicants may have the same name and birthday. The SSN has been used to maintain records since 1943 when Executive Order 9397 asked agencies to do so.

The Delaware County Sheriff's Office may also use your SSN to make requests for information about you but only when it is allowed by law. The information we collect using your SSN will be used for employment purposes and may also be utilized for studies, evaluations, and general statistical analysis that will not identify you.

Information we have about you may also be given to Federal, State, and Local agencies for checking on law violations or other lawful purposes.

Information collected in this questionnaire will be used for pre-employment investigative purposes except as authorized by law or statute. The Delaware County Sheriff's Office is an equal opportunity and ADA compliant employer.

Applicant's Biographical Data

Applicant's Name:				
	Last	First	Middle	(Maiden)
Current Address:				
	<i>Street (include Apartment # if applicable)</i>			
	City	County	State	Zip Code
Social Security Number:				
Email Address:				
Cell Phone:				
Home Phone:				
Other Phone:				
Date of Birth:				

Are you Legally eligible for employment in th U.S. Yes No

Other Names Used (previous married name, nicknames etc.) – *(List names, dates used and reason for use)*

Relationship Status of Applicant

Married

Single

Separated

Divorced

Partner Of

Widowed or Widower

Spouse / Fiancé(e) / Significant Other / Current Dating Partner:

Name: _____

Maiden Name (*if applicable*): _____

Date of Birth: _____

Cell Phone: _____

Email Address: _____

Address: _____

Street (*include Apartment # if applicable*) _____

City

County

State

Zip Code

Occupation: _____

Employer: _____

Employer Address: _____

Street (*include Unit or Suite # if applicable*) _____

City

County

State

Zip Code

Business Phone: _____

Date of Marriage: _____

Location of Marriage: _____

Has your spouse / fiancé / significant other / current dating partner ever been arrested, interviewed, detained, or convicted by any law enforcement agency?

Yes

No

Has your spouse / fiancé / significant other / current dating partner ever called the police on you for any reason?

Yes

No

Has your spouse / fiancé / significant other / current dating partner ever been involved in the unlawful distribution of controlled dangerous substances or other criminal enterprise?

Yes

No

If you answered yes to any question above, provide a detailed explanation below:

Investigator

DCSO USE ONLY
Date

Applicant

Children and Dependents of Applicant

Regardless of age or with whom they currently reside

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

Family of Applicant

Provide full name, address, zip codes, phone numbers and email.

Parent #1:	<hr/>			
Date of Birth:	<hr/>			
Address:	<hr/>			
	Street (include Apartment # if applicable)			
	<hr/>			
	City	County	State	Zip Code
Cell Phone:	<hr/>			
Home Phone:	<hr/>			
Email:	<hr/>			
Criminal Record?	Yes	No	<i>(If yes, explain at end of this section)</i>	

Parent #2: _____

Date of Birth: _____

Address: _____

Street (include Apartment # if applicable) _____

City _____ County _____ State _____ Zip Code _____

Cell Phone: _____

Home Phone: _____

Email: _____

Criminal Record? Yes No *(If yes, explain at end of this section)*

Sibling #1: _____

Date of Birth: _____

Address: _____

Street (include Apartment # if applicable) _____

City _____ County _____ State _____ Zip Code _____

Cell Phone: _____

Home Phone: _____

Email: _____

Criminal Record? Yes No *(If yes, explain at end of this section)*

DCSO USE ONLY

Investigator

Date _____

Applicant

Family of Applicant (continued)**Sibling #2:**

Date of Birth: _____

Address: _____

Street (include Apartment # if applicable) _____

City _____

County _____

State _____

Zip Code _____

Cell Phone: _____

Home Phone: _____

Email: _____

Criminal Record?

Yes

No

*(If yes, explain at the end of this section)***Sibling #3:**

Date of Birth: _____

Address: _____

Street (include Apartment # if applicable) _____

City _____

County _____

State _____

Zip Code _____

Cell Phone: _____

Home Phone: _____

Email: _____

Criminal Record?

Yes

No

*(If yes, explain at the end of this section)***If you were raised by anyone other than your parents, provide their information:**

Name: _____

Date of Birth: _____

Address: _____

Street (include Apartment # if applicable) _____

City _____

County _____

State _____

Zip Code _____

Cell Phone: _____

Home Phone: _____

Email: _____

Criminal Record?

Yes

No

(If yes, explain at the end of this section)

Dates you were under this person's charge: From: _____ To: _____

Provide additional "Family of Applicant" information below:

Investigator

DCSO USE ONLY

Date

Applicant

Education**High Schools / Vocational Schools Attended**

1. Name: _____
 Address: _____
 Street _____
 City _____ County _____ State _____ Zip Code _____
 Dates Attended: From: _____ To: _____
 Approximate GPA: _____
 Highest Grade Completed: _____

2. Name: _____
 Address: _____
 Street _____
 City _____ County _____ State _____ Zip Code _____
 Dates Attended: From: _____ To: _____
 Approximate GPA: _____
 Highest Grade Completed: _____

Colleges / Universities

Do you have a college/university degree? Yes No
 Type of Degree: Certificate AA BA BS MA MS Other
 How many total college credits have you earned: _____ or if quarter hours were used, how many were earned: _____
 What is/was your major field of study? _____
 What is/was your minor field of study? _____
 If your major was not Criminal Justice/Law Enforcement, how many police related courses have you taken? _____

Do you currently have any outstanding debts with a college (deferred loans, tuition, parking citations, etc.)? Yes No

If yes, provide amount of debt and reason below.

Have you ever received any type of scholarship or grant to/from any institution? Yes No

If yes, explain below.

DCSO USE ONLY

Investigator

Date

Applicant

Colleges / Universities Attended*(List most recently attended first)*

1. Name: _____
 Address: _____
 Street _____
 City _____ County _____ State _____ Zip Code _____
 Registrar Phone: _____
 Dates Attended: From: _____ To: _____
 Credits Earned: _____ Final GPA: _____
 Degree Earned: _____ Date Awarded: _____
 Website: _____

2. Name: _____
 Address: _____
 Street _____
 City _____ County _____ State _____ Zip Code _____
 Registrar Phone: _____
 Dates Attended: From: _____ To: _____
 Credits Earned: _____ Final GPA: _____
 Degree Earned: _____ Date Awarded: _____
 Website: _____

Have you ever had a scholarship or grant suspended as a result of failure to meet requirements (e.g.; not maintaining required GPA, etc.)? Yes No

Have you ever been suspended, expelled, or placed on academic probation from any school or educational facility?
 Yes No

Have you ever been interviewed, cited, detained, arrested, investigated, or had any other contact with any college police agency?
 Yes No

Have you ever been subject to any review, investigation, sanction, punishment, intervention or other action by any type of college or university disciplinary review board or dormitory resident assistant or similar?
 Yes No

If you answered yes to any question above, please provide detailed information below.

DCSO USE ONLY

Investigator

Date

Applicant

Applicant's Employment History

List all of your employment history, including part-time or temporary jobs. Begin with your current or most recent job, employers, and/or co-workers, and work backwards to your first job. Include all periods of unemployment, internships, volunteer positions, etc. All employers will be contacted. Include email addresses and cell phone numbers. Take the time now to obtain correct contact information for all persons, as this will make your background investigation proceed more quickly. **Please exclude medical reasons when listing your reasons for leaving employment.**

Current Employer: _____
 Address: _____
 Phone: _____ Company Email: _____
 Supervisor/Title: _____
 Supervisor Phone: _____ Supervisor Email: _____
 Applicant's Position: _____
 Dates Employed (From/To): _____
 Employment Status: Full Time Part-time Internship Volunteer Paid
 Reason for Leaving: _____

Current/Former Co-workers

List two co-workers with whom you presently work who are not listed elsewhere in this document:

Name: _____
 Address: _____
 Email: _____
 Occupation: _____
 Cell: _____ Home: _____ Work: _____
 Name: _____
 Address: _____
 Email: _____
 Occupation: _____
 Cell: _____ Home: _____ Work: _____

Applicant's Previous Employment History

Previous Employer: _____
 Address: _____
 Phone: _____ Company Email: _____
 Supervisor/Title: _____
 Supervisor Phone: _____ Supervisor Email: _____
 Applicant's Position: _____
 Dates Employed (From/To): _____
 Employment Status: Full Time Part-time Internship Volunteer Paid
 Reason for Leaving: _____

DCSO USE ONLY

Investigator

Date

Applicant

Applicant's Previous Employment History (*continued*)

Previous Employer: _____

Address: _____

Phone: _____ Company Email: _____

Supervisor/Title: _____

Supervisor Phone: _____ Supervisor Email: _____

Applicant's Position: _____

Dates Employed (*From/To*): _____

Employment Status: Full Time Part-time Internship Volunteer Paid

Reason for Leaving: _____

Previous Employer: _____

Address: _____

Phone: _____ Company Email: _____

Supervisor/Title: _____

Supervisor Phone: _____ Supervisor Email: _____

Applicant's Position: _____

Dates Employed (*From/To*): _____

Employment Status: Full Time Part-time Internship Volunteer Paid

Reason for Leaving: _____

Previous Employer: _____

Address: _____

Phone: _____ Company Email: _____

Supervisor/Title: _____

Supervisor Phone: _____ Supervisor Email: _____

Applicant's Position: _____

Dates Employed (*From/To*): _____

Employment Status: Full Time Part-time Internship Volunteer Paid

Reason for Leaving: _____

Previous Employer: _____

Address: _____

Phone: _____ Company Email: _____

Supervisor/Title: _____

Supervisor Phone: _____ Supervisor Email: _____

Applicant's Position: _____

Dates Employed (*From/To*): _____

Employment Status: Full Time Part-time Internship Volunteer Paid

Reason for Leaving: _____

DCSO USE ONLY

Investigator

Date

Applicant

Applicant's Previous Employment History (*continued*)

Have you ever:

- | | | |
|---|-----|----|
| 1. Been discharged/terminated/fired or disciplined by any employer? | Yes | No |
| 2. Resigned or quit while anticipating that your employer intended to fire you for any reason? | Yes | No |
| 3. Resigned or quit while anticipating that your employer intended to take any form of disciplinary action against you? | Yes | No |
| 4. Resigned or quit from a job by mutual agreement following allegations of misconduct? | Yes | No |
| 5. Walked off/left a job without giving proper notice? | Yes | No |
| 6. Resigned or quit from a job by mutual agreement following allegations of unsatisfactory work performance? | Yes | No |
| 7. Stolen anything from any of your employers? | Yes | No |
| 8. Used any type of intoxicant, whether legal or illegal, while working on the job? | Yes | No |
| 9. Committed any other crimes (even undetected crimes) while on any job you ever held? | Yes | No |
| 10. Had any extended work absences for any reasons other than medical or earned vacation? | Yes | No |

Thoroughly explain any "yes" answers to questions #1 – 10.

DCSO USE ONLY

Investigator

Date

Applicant



DELAWARE COUNTY SHERIFF'S OFFICE

ACKNOWLEDGEMENT FOR CRIMINAL HISTORY INFORMATION

You will be asked a number of questions regarding past criminal behavior on your part. For the purpose of this acknowledgement document, the following question is being asked of all applicants.

Have you ever been arrested, charged with or convicted of a criminal or disorderly offense in this State or in any other jurisdiction?

(For the purpose of this question, the words “arrested” or “indicted,” etc., include any detaining or taking into custody by any police or other law enforcement authorities.)

Yes

No

PLEASE READ THE FOLLOWING

Since you are applying for a public safety position, you must list all arrests, convictions, and expungements, even though you may have been advised by your attorney, a judge, prosecutor, or other official that there is no record. Juvenile and expungements are sealed and most employers will not have access to them. Law enforcement agencies, such as this Office, do have access to these records. All juvenile arrests, convictions and expungements will surface during the background investigation.

NOTE: Failure to disclose the required information may result in your removal from employment eligibility for falsifying your application, or it may cause a serious delay in completing your pre-employment processing.

Also, if you were arrested and found “not guilty,” your arrest will always appear on your record. Remember, the question states **all arrests**. Arrests are different from convictions. A “conviction,” a “not guilty,” or “dismissal” as the result of the arrest should be listed in the disposition area. You must list the original chargeable offense for which you were arrested and the date of arrest. For example, “arrested for ‘aggravated assault’ in Iowa County, Iowa with a conviction for ‘assault,’” must be listed as arrested for “aggravated assault” since that is what you were originally charged with. The assault conviction is the result of the downgraded charge and is considered the disposition only. Dates and names of the arresting authority must be accurate. Do not abbreviate. If you are not certain of the arrest, charge, or conviction, dates or other specifics, list “**not sure**” in the appropriate space.

I have read the above and acknowledge that I fully understand what is expected of me regarding the listing of past criminal activity, and that my failure to supply accurate information will be considered willful falsification of my application, which is cause for removal from the Delaware County Sheriff's Office eligibility list.

Full Legal Name

Signature

Date

Applicant's Criminal History

Have you ever been any of the following by any law enforcement agency? (*Check all that apply*):

Arrested	Detained	Interviewed	Interrogated	Indicted
Indicted	Convicted	Received a Criminal Citation	Received a Civil Citation	None of these

Are you currently:

Charged with a criminal or civil offense by any police/law enforcement authority?	Yes	No
On bail or out on personal recognizance or any other conditional release for any reason?	Yes	No
On probation or parole of any type?	Yes	No
Are you aware of any outstanding criminal/civil summons or warrant(s) for your arrest?	Yes	No
Have you ever assaulted anyone (for example, fist fights, domestic violence, etc.)?	Yes	No

Have you ever been issued or served with any of the following? (Check all that apply):

Protective/peace/stay-away/ex parte order	Bench warrant	Arrest warrant
District Court criminal summons	Court papers for any type of court appearance	None of these

Have you ever been convicted of a criminal offense, to include petty offense citations?	Yes	No
---	-----	----

Place a "X" beside any of the below listed offenses that you have ever committed, participated in, conspired to commit, or took substantial steps to commit, whether or not you were arrested, detained, or the crime was ever discovered.

Alcohol Violation(s)	Drugs (CDS) – Sale	Peeping Tom/Voyeurism
Arson/Setting Fires	Elder/Adult Abuse	Perjury
Assault/Verbal/Physical	Embezzlement	Prescription Drugs – Illegal Use
Auto Theft	Extortion	Prostitution/Soliciting
Battery/Fights	False Alarm/Fire/Bomb	Rape/Date Rape/Sexual Assault
Bomb Threats	Forgery/Credit Cards	Robbery
Burglary/Housebreaking	Fraud/Bad Checks	Stalking
Child Abuse/Molestation	Gambling/Betting	Telephone Misuse/Threats
Computer Related Crimes	Harassment/Threats	Theft/Larceny
Concealed Weapon	Hunting/Fishing Violations	Trespassing
Domestic Violence/Abuse	Impersonating a Police Officer	Unauthorized Use of a Vehicle
Drugs (CDS) – Use/Try	Indecent Exposure/Mooning	Vandalism/Tagging
Drugs (CDS) – Possession	Pedophilia	

If you answered "yes" or checked any box above, please explain in detail below and onto page 27. Provide a full explanation for each offense, including dates, times, and locations.

DCSO USE ONLY

Investigator

Date

Applicant

Character References

Provide contact information for three (3) character references – not related to you by blood or marriage – who are not listed elsewhere in this book (i.e. coach, professor, counselor, teacher, etc.). DO NOT leave any sections blank, even if you think your reference doesn't want the contact information shared. Leaving information out only slows down your background investigation.

Name:						
	Last	First			Middle	
Address:						
	Street Address	Apt. #	City	County	State	Zip
Cell Phone:						
Work Phone:						
Home Phone:						
Email Address:						
Occupation:						
Time Known:						
Relationship:						

Name:						
	Last	First			Middle	
Address:						
	Street Address	Apt. #	City	County	State	Zip
Cell Phone:						
Work Phone:						
Home Phone:						
Email Address:						
Occupation:						
Time Known:						
Relationship:						

Name:						
	Last	First			Middle	
Address:						
	Street Address	Apt. #	City	County	State	Zip
Cell Phone:						
Work Phone:						
Home Phone:						
Email Address:						
Occupation:						
Time Known:						
Relationship:						

DCSO USE ONLY

Investigator

Date

Applicant



**DELAWARE COUNTY SHERIFF'S OFFICE
INFORMATIONAL CERTIFICATION**

While this Sheriff's Office is conducting your background investigation, facts may arise or events occur which may not have been known or which may not have been anticipated by you at the time this questionnaire was submitted. These facts or events may require that revisions or amendments to the information provided be made to this questionnaire. All such revisions or amendments are to be submitted immediately to Delaware County Sheriff's Office Personnel Division.

I understand and acknowledge that all information and all entries made by me in response to the requested information contained within this questionnaire are true complete and correct to the best of my knowledge. It is further understood that if at any time during the course of the background investigation or anytime during the course of my employment with the Delaware County Sheriff's Office it is discovered that I have made untruthful statements, falsified my employment application form, falsified my confidential questionnaire given or provided misleading statements or deliberately omitted or failed to provide required information with the intent to deceive or mislead, it shall be cause for my immediate termination/discharge from the employment process and/or my employment with the Delaware County Sheriff's Office

ON THIS _____ DAY OF _____, _____

I HAVE COMPLETED THE CONFIDENTIAL QUESTIONNAIRE AND UNDERSTAND THE CONTENTS. THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND DOES NOT KNOWINGLY CONTAIN ANY MATERIAL MISREPRESENTATION OF FACTS. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OF FACTS GIVEN BY ME SHALL BECAUSE FOR REJECTION BEFORE APPOINTMENT OR DISMISSAL FROM THE OFFICE AFTER APPOINTMENT. THIS CERTIFICATION RELATES TO ALL INFORMATION PROVIDED WHETHER YOU COMPLETED ONLY PART 1 OF THIS QUESTIONNAIRE, OR AS A PAST OR CURRENT POLICE/LAW ENFORCEMENT OFFICER INCLUDES PART 2 OF THIS QUESTIONNAIRE.

Full Legal Name

Signature

Date