



## 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.

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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: \_\_\_\_\_





# IOWA LAW ENFORCEMENT ACADEMY

## ENTRANCE PHYSICAL TESTING STANDARDS

The Iowa Law Enforcement Academy Council, in recognizing the importance of physical fitness in job performance, established the physical test regimen as a pre-employment standard effective February 15, 1993. Provisions were modified and effective August 6, 2020.

***No person can be selected or appointed as a law enforcement officer without first successfully passing all of the elements of this test, as prescribed in 501 IAC 2.1(6), adopted pursuant to Section 80B 11(5), Code of Iowa.***

Upon entry into the Academy, every recruit will be given the same test as an assessment for training purposes and to ensure that each recruit can undergo the physical demands of the Academy without undue risk of injury. If, at the time of entrance to the Academy, an officer does not meet minimum standards, he or she will not be admitted.

The physical fitness test established by the Council consists of *three* events:

**1. 1 Minute Push-Up Test**

The push-up event measures the endurance of the chest, shoulder, and triceps muscles. Recruits will have one minute in which to do as many push-ups as they can.

**2. 1 Minute Sit-Up Test**

The sit-up event measures the endurance of the abdominal and hip-flexor muscles. Recruits will have one minute to perform as many sit-ups as they can.

**3. 1.5 Mile Run**

The 1.5mile run is used to assess your aerobic fitness and your leg muscles' endurance. They must complete the run without any physical help. They are being tested on their ability to complete the course in the shortest time possible. Although walking is authorized, it is strongly discouraged.

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### STANDARDS

All recruits are required to meet the standards of the 40<sup>th</sup> percentile for each age and sex group for entrance.

Event	Age Group Repetitions/ Run Time									
	M	F	M	F	M	F	M	F	M	F
	<20-29	<20-29	30-39	30-39	40-49	40-49	50-59	50-59	60-65	60-65
PU	29	15	24	11	18	9	13	12*	10	5*
SU	38	32	35	25	29	20	24	14	19	6
1.5M Run	12:51	15:26	13:36	15:57	14:29	16:58	15:26	17:54	16:43	18:44

\*Females in excess of 49 years of age may conduct pushups on their knees.

# **IOWA LAW ENFORCEMENT ACADEMY**

## **ENTRANCE PHYSICAL TESTING STANDARDS**

### **TEST ADMINISTRATION**

At the beginning of each physical test, the grader will provide the following directions:

#### **1 Minute Push-Up Test**

On the command 'get set,' assume the front leaning rest position by placing your hands where they are comfortable. Your feet may be together or up to 12 inches apart. When viewed from the side, your body will form a generally straight line from your shoulders to your ankles. On the command 'go,' begin the push-up by bending your elbows and lowering your entire body as a single unit until your upper arms are parallel to the ground. Then, return to the starting position by raising your entire body until your arms are fully extended.

Your body must remain rigid in a generally straight line and move as a unit while performing each repetition. If you fail to keep your body generally straight, to lower your whole body until your upper arms are parallel to the ground, or to extend your arms completely, that repetition will not count, and the scorer will repeat the number of the last correctly performed repetition.

An altered, front-leaning rest position is the only authorized rest position. That is, you may sag in the middle or flex your back. When flexing your back, you may bend your knees, but not to such an extent that you are supporting most of your body weight with your legs. You must return to, and pause in, the correct starting position before continuing.

You may not rest on the ground or raise either hand or foot from the ground. You may reposition your hands and/or feet during the event as long as they remain in contact with the ground at all times. You will have one minute in which to do as many push-ups as you can.

#### **1 Minute Sit-Up Test**

The sit-up event measures the endurance of the abdominal and hip-flexor muscles. On the command "get set", assume the starting position by lying on your back with your knees bent at a 90-degree angle. Your feet may be together or up to 12 inches apart. Another person, or object, will hold your feet or ankles. The heel is the only part of your foot that must stay in contact with the ground. Hands must remain on or about the head.

On the command "go", begin raising your upper body to the up position. In the up position, elbows should touch the knees or the upper portion of the thigh. In the down position, the back must come down so that shoulder blades touch the floor. Your arms and elbows need not touch the ground.

A repetition will not count if you fail to reach the up position, fail to keep your hands on your head, arch or bow your back and raise your buttocks off the ground to raise your upper body, or let your knees exceed a 90-degree angle. If a repetition does not count, the scorer will repeat the number of your last correctly performed sit-up. The up position is the only authorized rest position. You may not stop and rest in the down

# **IOWA LAW ENFORCEMENT ACADEMY**

## **ENTRANCE PHYSICAL TESTING STANDARDS**

position. You must make a continuous physical effort to sit up. You may not use your hands or any other means to pull or push yourself up to the up position or to hold yourself in the up position to rest. You will have one minute to perform as many sit-ups as you can.

### **1.5 Mile Run**

The 1.5mile run is used to assess your aerobic fitness and your leg muscles' endurance. You must complete the run without any physical help. At the start, line up behind the starting line. On the command 'go,' the clock will start. You will begin running at your own pace.

To run the required 1.5miles, you must complete (describe the number of laps, start and finish points, etc.). You are being tested on your ability to complete the course in the shortest time possible. Although walking is authorized, it is strongly discouraged.

You may not be physically helped in any way (for example, pulled, pushed, picked up, and/or carried) or leave the designated running course for any reason.



# 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.

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**Full Legal Name**

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**Signature**

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**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.

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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.

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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 completing the personal residence section of the questionnaire, ensure that you provide every address where you have lived for at least the last 10 years. Begin with your most current address and work backwards. Past addresses do include living on a college or private school campus or the equivalent.
6. When answering Yes/No or multiple choice respond with an X in the appropriate box or boxes.
7. In the Applicant's Employment History section beginning on Page 20, 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."
8. When completing the explanation for a 'yes' response in a text box, keep in mind that the number of characters is limited. If you run out of space and additional space is required to complete any of the questions, go to the "Miscellaneous/Additional Continuation Sheet" on page 42 of this questionnaire, noting the page number, section, and/or question number for which you are creating the response.





# **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)*

Investigator

DCSO USE ONLY  
Date

Applicant

## 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

### Information of Former Spouse / Partner *(if applicable)*

Name: \_\_\_\_\_

Maiden Name *(if applicable)*: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street *(include Apartment # if applicable)*

\_\_\_\_\_

City	County	State	Zip Code
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Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

\_\_\_\_\_

City	County	State	Zip Code
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Business Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Location of Marriage: \_\_\_\_\_

Date of Annulment/Divorce/Dissolution: \_\_\_\_\_

Location of Annulment: \_\_\_\_\_

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:

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

*Street (include Apartment # if applicable)*

\_\_\_\_\_

City	County	State	Zip Code
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Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

##### Parent #2:

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

*Street (include Apartment # if applicable)*

\_\_\_\_\_

City	County	State	Zip Code
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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
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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

### Current and Former Addresses

List complete addresses, to include full college addresses, for at least **the last 10 years**. (*Working backwards, listing current address first.*)

1. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
     Street    Apt/Dorm    City    County    State    Zip
2. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
     Street    Apt/Dorm    City    County    State    Zip
3. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
     Street    Apt/Dorm    City    County    State    Zip
4. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
     Street    Apt/Dorm    City    County    State    Zip
5. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
     Street    Apt/Dorm    City    County    State    Zip
6. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
     Street    Apt/Dorm    City    County    State    Zip
7. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
     Street    Apt/Dorm    City    County    State    Zip
8. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
     Street    Apt/Dorm    City    County    State    Zip
9. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
     Street    Apt/Dorm    City    County    State    Zip
10. \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
     Street    Apt/Dorm    City    County    State    Zip

Have the police ever been called to any homes/residence in which you have resided?

Yes

No

*If yes, provide dates, reasons, agencies, and disposition below.*

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Investigator

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.*

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Investigator

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**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.*

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Investigator

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### Applicant's Financial Status

Do you have a savings account(s)?

Yes

*If yes, name the bank(s) and/or financial institutions:*

---

Good stand standing? :

---

Do you have a checking account(s)?

Yes

*If yes, name the bank(s) and/or financial institutions:*

---

Good Standing? :

---



---

Have you been in good standing with banks and/or financial institutions? If no please explain below.

---

Have you ever been the defendant or plaintiff in a civil case (e.g., been sued or sued someone, etc.)?

Yes

No

*If yes, give case number, court, location, reason for case, disposition in area below.*

Have you ever withdrawn, transferred, or deposited more than \$10,000.00 using a bank, wire service, or other financial institution?

Yes

No

*If yes, provide all details, giving dates, amounts, recipients, sources of money below.*

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### Applicant's Financial Status (continued)

Do you currently have any financial judgments or liens against you or your property? Yes      No

*If yes, give case numbers, courts, locations, reasons for cases, and dispositions in the box below.*

Have you ever filed for or declared bankruptcy? Yes      No

*If yes, give case numbers, courts, locations, reasons for cases, and dispositions in the box below.*

Do you currently have any court-ordered child support or alimony payment obligations? Yes      No

*If yes, provide details to include dates, amounts, and recipients below.*

Have you ever been delinquent in any child support or alimony payments? Yes      No

*If yes, provide details to include dates, amounts, and recipients below.*

Do you presently hold any active or silent controlling interest in any company? Yes      No

*If yes, provide all details below.*

### Foreign Language Skills

Are you able to communicate in any language other than English (including Sign Language)? Yes      No

*If yes, specify language and fluency level in the chart below. Fluency Levels: E = Excellent, G = Good, F = Fair*

Language	Reading			Speaking			Understanding			Writing		
Fluency Levels	E	G	F	E	G	F	E	G	F	E	G	F

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Investigator

Date

Applicant

**Applicant's Motor Vehicle/License Information***Investigator will physically inspect your driver's license*List all motor vehicles currently owned and/or operated by applicant. *(Including motorcycles, boats, etc.)*

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

**Primary Automobile Insurance Company**

Agency: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Has your automobile insurance ever been canceled, revoked, or suspended in this state or any other state for non-medical reasons?

Yes      No      *If yes, explain below.*

Have you ever been denied automobile insurance in this state or any other state for non-medical reasons?

Yes      No      *If yes, explain below.*

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled for non-medical reasons?

Yes      No      *If yes, explain below.*

Provide the information requested below on all driver's licenses which are now or have been issued to you from any state. List all licenses, even though some may now be expired or replaced by another issuing agency or state. List your current license first.

Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Valid?    Yes      No

Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Valid?    Yes      No

Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Valid?    Yes      No

Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Valid?    Yes      No

**DCSO USE ONLY**

Investigator

Date

Applicant

**Applicant's Motor Vehicle/License Information (continued)***Have you or has your:*

- |   |       |    |
|---|-------|----|
| 1. Registration ever been canceled, refused, revoked or suspended for any non-medical reasons?  | Yes   | No |
| 2. Been detained, arrested, or charged with Driving While Intoxicated (DWI) or Driving While Under the Influence (DUI)?   | Yes   | No |
| 3. Obtained a driver's license in this state or any other state or jurisdiction under another name?   | Yes   | No |
| 4. Received a "warning letter" from any motor vehicle administration of this state or any other state that said driver's license or vehicle registration could or would be canceled, suspended, or revoked? | Yes   | No |
| 5. Obtained or possessed a falsified or fictitious driver's license or another government identification?   | Yes   | No |
| 6. Had your driving record expunged?  | Yes   | No |
| 7. Currently have any unpaid or outstanding parking tickets, traffic tickets/citation or automated speed/red light enforcement tickets in any state?  | Yes   | No |
| 8. How many times have you ever driven a vehicle, whether stopped by the police or not, while under the influence of drugs or alcohol?  | _____ |    |

*Please explain in detail all "yes" responses to Questions #1-8 above in the area below:***DCSO USE ONLY**

Investigator \_\_\_\_\_

Date \_\_\_\_\_

Applicant \_\_\_\_\_

**Traffic Record**

List all traffic violations, automated camera citations (speed, red light, school bus, etc.), and any motor vehicle collisions in which you were held at fault. Do not include warnings. For "Violation," list as speeding, red light, etc. For "Location," list the state the violation or collision occurred. For "Issuing Agency," list the Law Enforcement Agency that issued the citation or investigated the collision in which you were held at fault.

Violation: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_  
 Automated camera citation: Yes No  
 Paid Fine: Yes No  
 Court Appearance: Disposition: Yes No  
 Guilty Not Guilty Driving School Probation Placed on Stet Docket

Violation: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_  
 Automated camera citation: Yes No  
 Paid Fine: Yes No  
 Court Appearance: Yes No  
 Disposition: Guilty Not Guilty Driving School Probation Placed on Stet Docket

Violation: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_  
 Automated camera citation: Yes No  
 Paid Fine: Yes No  
 Court Appearance: Yes No  
 Disposition: Guilty Not Guilty Driving School Probation Placed on Stet Docket

Violation: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_  
 Automated camera citation: Yes No  
 Paid Fine: Yes No  
 Court Appearance: Yes No  
 Disposition: Guilty Not Guilty Driving School Probation Placed on Stet Docket

Violation: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_  
 Automated camera citation: Yes No  
 Paid Fine: Yes No  
 Court Appearance: Yes No  
 Disposition: Guilty Not Guilty Driving School Probation Placed on Stet Docket

Violation: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_  
 Automated camera citation: Yes No  
 Paid Fine: Yes No  
 Court Appearance: Yes No  
 Disposition: Guilty Not Guilty Driving School Probation Placed on Stet Docket

**DCSO USE ONLY**

Investigator

Date

Applicant

**Applicant's Military Service***(If none, answer first and second questions only)*

If required, are you registered with the Selective Service System?

Yes                      No

Have you served in the Armed Forces of the United States, to include US Coast Guard or US Merchant marine?

Yes                      No

*If yes, complete the following:*

From: \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_ Job Title &amp; Rank at Separation \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_ Job Title &amp; Rank at Separation \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_ Job Title &amp; Rank at Separation \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_ Job Title &amp; Rank at Separation \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_ Job Title &amp; Rank at Separation \_\_\_\_\_

Type of Discharge (*exclude medical reasons*): \_\_\_\_\_

Primary MOS/AFSC: \_\_\_\_\_

Secondary MOS/AFSC: \_\_\_\_\_

List all duty stations, beginning with basic training (*supervisor info is not necessary for basic training duty station*):

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Do you have any Reserve/National Guard obligations?

Yes                      No                      Active                      Inactive

Date Reserve obligation began and is scheduled to terminate?      From: \_\_\_\_\_ to \_\_\_\_\_

*If currently in a Reserve component or National Guard, complete the following:*

Organization: \_\_\_\_\_

Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DCSO USE ONLY**

Investigator

Date

Applicant

### Applicant's Military Service *(continued)*

List all awards, citations, or other commendations received:

Award: _____	Date: _____
Award: _____	Date: _____
Award: _____	Date: _____
Award: _____	Date: _____
Award: _____	Date: _____
Award: _____	Date: _____
Award: _____	Date: _____
Award: _____	Date: _____
Award: _____	Date: _____

- |  |     |    |
|--|-----|----|
| 1. Were you ever subject to any type of disciplinary action (including Art. 15's) under the Uniform Code of Military Justice while serving in the Armed Forces?                          | Yes | No |
| 2. Were you ever reduced/demoted in rank?  | Yes | No |
| 3. Have you ever received company punishment?  | Yes | No |
| 4. Were you ever confined/detained in a brig, stockade, guardhouse, or jail while in the military?   | Yes | No |
| 5. Have you ever been denied/refused entrance to any of the US Armed Forces?   | Yes | No |
| 6. Have you ever served in, had any type of obligation to, or sworn any allegiance to a military service of any foreign government, other than the United States of America?             | Yes | No |
| 7. Have you ever served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency? | Yes | No |

*Please explain any questions answered with "yes" 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: \_\_\_\_\_

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

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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

**Applicant's Criminal History (continued)***Have you ever:*

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Lied or committed perjury in court or other judicial proceeding?   | Yes | No |
| 2.  | Lied to anyone of authority?   | Yes | No |
| 3.  | Entered any building, business, dwelling or house without permission?  | Yes | No |
| 4.  | Intentionally injured anyone as a result of a fight?   | Yes | No |
| 5.  | Entered a house of prostitution for any reason?  | Yes | No |
| 6.  | Cheated a restaurant or food establishment by walking out on a check?  | Yes | No |
| 7.  | Helped anyone steal anything?  | Yes | No |
| 8.  | Falsified or lied on an employment application?  | Yes | No |
| 9.  | Provided anyone a discount at your place of employment without permission?   | Yes | No |
| 10. | Conspired with anyone to commit an illegal act or crime of any kind?   | Yes | No |
| 11. | Given anything to anyone that was not yours to give away?  | Yes | No |
| 12. | Been accused of or arrested for domestic violence/spousal abuse/elder abuse?   | Yes | No |
| 13. | Been questioned by the police as a suspect or witness as a part of a criminal or traffic investigation?  | Yes | No |
| 14. | Been a lookout or driver for someone else while they committed a crime or criminal act of any kind?  | Yes | No |
| 15. | Used a weapon of any kind during a fight or altercation?   | Yes | No |
| 16. | Been placed on parole or probation for any reason?   | Yes | No |
| 17. | Falsely reported a crime or knowingly given erroneous or misleading information to a police officer from this or any other agency?                   | Yes | No |
| 18. | Used false, fraudulent, altered or borrowed identification of any kind for any purpose?  | Yes | No |
| 19. | Allowed your vehicle to be used in the commission of a crime?  | Yes | No |
| 20. | Ever committed a sex act with an animal?   | Yes | No |
| 21. | Ever illegally downloaded any movies, television series, music, books, or other materials owned by another, without paying for the media?            | Yes | No |
| 22. | Produced, stored, downloaded, viewed and/or distributed child pornography?   | Yes | No |
| 23. | Soliciting sex or sexual encounters in exchange for money, materials, or services?   | Yes | No |
| 24. | Knowingly committed a weapons violation of any kind including illegal possession, wearing, carrying, transporting, selling, purchasing or modifying? | Yes | No |
| 25. | Been a member of a street gang, neighborhood crew, motorcycle club, gang, or extremist group?  | Yes | No |

**DCSO USE ONLY**

Investigator

Date

Applicant

### Applicant's Criminal History (*continued*)

*Have you ever:*

- |     |  |     |    |
|-----|--|-----|----|
| 26. | Represented or associated yourself with persons who represent any neighborhood, area, or location in which you resided or grew up in? (excluding recognized civic organizations).  | Yes | No |
| 27. | Been tattooed, branded, scarred, or in other ways marked your body with any signs, symbols, letters, numbers, or other identifying marks to affiliate yourself with, show respect for, or otherwise show allegiance to any neighborhood in which you resided, street gang or crew in which you were involved, or other group to which you show allegiance? | Yes | No |
| 28. | Carried, worn, displayed, or possessed any item of clothing, bandana, prop, leathers, hats, jewelry, or any other articles that were intended to be used or modified to be used to identify affiliation with any neighborhood crew or group, street gang, or motorcycle club/gang?   | Yes | No |
| 29. | Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter, or other unnatural death of a human being?   | Yes | No |
| 30. | Committed a crime for which you were not caught or arrested, which is not listed elsewhere in this book?   | Yes | No |

*For the purposes of these next questions, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.*

- |     |  |     |    |
|-----|--|-----|----|
| 31. | Are you now or have you ever been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with specific intent to further such activities?   | Yes | No |
| 32. | Have you ever knowingly engaged in any act of terrorism?   | Yes | No |
| 33. | Have you ever advocated for any acts of terrorism or activities designed to overthrow the U.S. Government by force?  | Yes | No |
| 34. | Been a member of an organization dedicated to the use of violence or force to overthrow the U.S. Government, and which engaged in activities to the end with an awareness of the organization's dedication to that end or with specific intent to further such activities? | Yes | No |
| 35. | Been a member of an organization that advocates or practices commission of acts or force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?      | Yes | No |
| 36. | Knowingly engaged in activities designed to overthrow the U.S. Government by force?  | Yes | No |
| 37. | Associated with anyone involved in activities to further terrorism?  | Yes | No |
| 38. | Been involved in or participated in any parade, picket line delegation, or demonstration sponsored by any organization(s)?   | Yes | No |
| 39. | Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any organization(s) which could be viewed as subversive?   | Yes | No |
| 40. | Been involved in or attended any school, camp, class, or forum sponsored by any subversive/criminal/terrorist/extremist organization(s)?   | Yes | No |

#### DCSO USE ONLY

Investigator

Date

Applicant

### Applicant's Criminal History (*continued*)

*Have you ever:*

- |     |  |     |    |
|-----|--|-----|----|
| 41. | Been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb or other incendiary device?                                  | Yes | No |
| 42. | Been approached or been solicited/recruited to become a participant with or a member of any criminal/subversive/terrorist/extremist organization, including while attending college? | Yes | No |
| 43. | Knowingly filed a false/fraudulent insurance claim with any insurance company regarding a traffic collision, theft, or other monetary or property loss?                              | Yes | No |
| 44. | Been sexually aroused by a child/minor or had sexual contact or a sexual relationship with a child/minor?  | Yes | No |
| 45. | Been subjected to forfeiture or collateral in connection with an arrest?   | Yes | No |
| 46. | Been required to appear before a juvenile court for an act which would have been a crime if committed by an adult?   | Yes | No |
| 47. | Been a victim or complainant in any crime or incident?   | Yes | No |
| 48. | Been found to be delinquent on income or other tax payments?   | Yes | No |
| 49. | Been bonded or refused bond upon application?  | Yes | No |
| 50. | Been issued or denied a permit or license to carry a handgun or other weapon on your person?   | Yes | No |
| 51. | Been involved in any college/fraternity hazing/initiation incident/ritual/program?   | Yes | No |

*If you answered "yes" to Questions #1 - #51, please provide a detailed explanation below:*

**DCSO USE ONLY**

Investigator \_\_\_\_\_

Date \_\_\_\_\_

Applicant \_\_\_\_\_



### Applicant's Drug Experimentation History

*Have you ever legally or illegally smoked, experimented with, tasted, ingested, used, injected, sniffed, or otherwise possessed / consumed any of the following?*

*If "yes", specify the number of uses on this page and then use Page 30 for a detailed explanation of each use of each item.*

Marijuana and derivatives containing THC			
<i>Including hashish and hash oil</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Synthetic cannabis products (K2, Spice, etc.)			
<i>Regardless of name product was sold under</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Anabolic steroids			
<i>List number of cycles (one cycle is one period of use)</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
LSD/Acid			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Heroin			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
PCP			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Methamphetamine			
<i>Ice, meth, crystal, crack</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Inhalants			
<i>Glue, solvents, aerosols, whippits</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Cocaine			
<i>Powder or crack</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Opioid and morphine derivatives			
<i>Recreational uses only, including codeine, morphine, methadone, fentanyl, oxycodone, oxycontin, Percocet, Vicodin, Demerol, Darvocet, or any other prescription pain medications</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used

#### DCSO USE ONLY

Investigator

Date

Applicant

### Applicant's Drug Experimentation History (*continued*)

Adderall and/or Ritalin (when not prescribed by a physician) <i>Specify which</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Barbiturates/Depressants (when not prescribed by a physician) <i>Recreational uses only, including amytal, Seconal, phenobarbital, barbs, reds, downers, benzodiazepine, Ativan, valium, Xanax, Ambien, Zopidem, Lunesa, Sonata, rohypnol, roofies, GHB</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Hallucinogenics <i>Mushrooms, psilocybin, peyote/mescaline, and others</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Dextromethorphan <i>Cough medicine such as Robitussin; List only recreational uses. Common names include robo, robotripping, dex, dmx, syrup, tussin, orange crush, vitamin D, purple drank, etc.</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Bath Salts			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Club Drugs <i>Ecstasy, MDMA</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used
Human Growth Hormone <i>HGH</i>			
Uses – Under Age 21	Uses – 21 and Over	Date of Last Use	Substance Used

*If you indicated usage for any of the above on pages #29-30, please provide a detailed explanation on Page 30.*

### Applicant's Drug Experimentation History Additional Questions

*Have you ever:*

- |   |     |    |
|---|-----|----|
| 1. Used, ingested, experimented, tasted, and/or possessed any narcotics/controlled dangerous substances (CDS) not prescribed by a physician?  | Yes | No |
| 2. Been associated with, related to, or had a friendship or personal relationship with anyone you suspect or knew was/is selling and/or distributing narcotics/controlled dangerous substances? | Yes | No |
| 3. Have you ever been present when illegal drugs/narcotics/controlled substances were either used, sold, possessed, or delivered?   | Yes | No |
| 4. Used any other illegal drug/narcotic prescription drug not specifically listed on the prior pages?   | Yes | No |
| 5. Used a prescription medication not prescribed to you?  | Yes | No |
| 6. Bought/purchased any of the substances listed in the chart above, or any over-the-counter medication, other than as directed, for illegal or recreational use?                               | Yes | No |

#### DCSO USE ONLY

Investigator

Date

Applicant

### Applicant's Drug Experimentation History Additional Questions (*continued*)

*Have you ever:*

- |     |   |     |    |
|-----|---|-----|----|
| 7.  | Illegally used/obtained prescription medication or drugs?   | Yes | No |
| 8.  | Been arrested or charged with any type of drug/narcotic-related violation?  | Yes | No |
| 9.  | Used prescription medication for recreational purposes?   | Yes | No |
| 10. | Sold or distributed any type of illegal drug/narcotic/prescription medication?  | Yes | No |
| 11. | Participated in the production, manufacture, growing, delivery, transportation, smuggling, storage, handling, or holding of illegal drugs/narcotics for yourself or anyone else?  | Yes | No |
| 12. | Made any money, profit, or other material gain in any way from your involvement in drugs/narcotics?   | Yes | No |
| 13. | Inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic/prescription/over-the-counter medication for recreational use, other than what you have already listed here? | Yes | No |

***Use the space below for any 'yes' responses to the above questions, or for any drug usage indicated on Pages 29-30. Include as much detail as possible, including dates, times, and locations. Refer to the question number in your response.***

#### DCSO USE ONLY

Investigator

Date

Applicant

### Gambling Related Activities

Do you gamble?                      Never                      Seldom                      Occasionally                      Regularly

*If so, detail below, on what:*

*Have you ever:*

- |   |       |    |
|---|-------|----|
| 1. Placed a wager/bet by telephone/internet or made a hand-to-hand transaction with a bookmaker/bookie/numbers man, etc. on the results of a professional or collegiate sports event, other than a legitimate lottery, or other legalized gambling event? | Yes   | No |
| 2. Been "paid off" while or after playing any illegal slot machine or video game?   | Yes   | No |
| 3. Worked for a bookie?   | Yes   | No |
| 4. Do you currently have any outstanding gambling debts?  | Yes   | No |
| 5. Borrowed money to gamble?  | Yes   | No |
| 6. Used an employer's money to gamble?  | Yes   | No |
| 7. Stolen money with which to gamble?   | Yes   | No |
| 8. Participated in, attended, or in any way supported or promoted an 'underground' cards game such as poker, blackjack, etc. where money or other valuable items were used as bets?   | Yes   | No |
| 9. What are your average annual gambling winnings?  | _____ |    |
| 10. What are your average annual gambling losses?   | _____ |    |
| 11. What is the most you've ever won at a single time?  | _____ |    |
| 12. What is the most you've ever lost at a single time?   | _____ |    |

*If you answered yes to questions #1-8, please provide a detailed explanation below.*

#### DCSO USE ONLY

Investigator

Date

Applicant

### Social Communications

*Have you ever:*

Used a cellular phone, other mobile device, or any type of camera to photograph or film a person without their knowledge or consent where the images or video made was of a sexual or provocative nature?	Yes	No
---	-----	----

If so, have you ever shared such images or videos with others either directly or indirectly without the knowledge or consent of the subject of the images?	Yes	No
--	-----	----

Posted such images to any website or online service without the knowledge or consent of the subject of the images with the intent to embarrass or seek revenge against the subject of the images?	Yes	No
---	-----	----

### Alcohol Related Activities

*Have you ever:*

Been arrested, charged, or detained for committing any alcohol related violations? Including by Campus Safety or University Police agencies.	Yes	No
--	-----	----

Been issued a civil or criminal citation for any type of alcohol related violation?	Yes	No
---	-----	----

*If you answered yes to any of the above questions, please provide a detailed explanation below.*

#### 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

## Personal Friend References

Provide contact information for three (3) personal friends who are not related to you by blood or marriage and who are not listed elsewhere in this book. Provide all requested information.

Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

Address: \_\_\_\_\_

Street Address	Apt. #	City	County	State	Zip
----------------	--------	------	--------	-------	-----

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Time Known: \_\_\_\_\_

---

Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

Address: \_\_\_\_\_

Street Address	Apt. #	City	County	State	Zip
----------------	--------	------	--------	-------	-----

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Time Known: \_\_\_\_\_

---

Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

Address: \_\_\_\_\_

Street Address	Apt. #	City	County	State	Zip
----------------	--------	------	--------	-------	-----

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Time Known: \_\_\_\_\_

**DCSO USE ONLY**

Investigator

Date

Applicant

## Neighbor References

Provide contact information for up to three (3) households who reside currently in your neighborhood – in immediate proximity to your residence. If you live in an apartment or condo, use people in the neighboring units. It does not matter if the references know you or not. Please be sure to explain any “unknown” or “N/A” responses.

Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

Address: \_\_\_\_\_

Street Address	Apt. #	City	County	State	Zip
----------------	--------	------	--------	-------	-----

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Time Known: \_\_\_\_\_

---

Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

Address: \_\_\_\_\_

Street Address	Apt. #	City	County	State	Zip
----------------	--------	------	--------	-------	-----

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Time Known: \_\_\_\_\_

---

Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

Address: \_\_\_\_\_

Street Address	Apt. #	City	County	State	Zip
----------------	--------	------	--------	-------	-----

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Time Known: \_\_\_\_\_

### DCSO USE ONLY

Investigator \_\_\_\_\_

Date \_\_\_\_\_

Applicant \_\_\_\_\_



### Current Roommates – Landlords

List all current roommates and your current landlord. If your apartment, condo, etc. is managed by a leasing company, provide contact information for the property manager as well.

Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

Address: \_\_\_\_\_

Street Address	Apt. #	City	County	State	Zip
----------------	--------	------	--------	-------	-----

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Time Known: \_\_\_\_\_

Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

Address: \_\_\_\_\_

Street Address	Apt. #	City	County	State	Zip
----------------	--------	------	--------	-------	-----

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Time Known: \_\_\_\_\_

Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

Address: \_\_\_\_\_

Street Address	Apt. #	City	County	State	Zip
----------------	--------	------	--------	-------	-----

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Time Known: \_\_\_\_\_

#### DCSO USE ONLY

Investigator

Date

Applicant



**Police, Fire and/or Public Safety Experience**

Do you personally know any Delaware County Deputies or employees?

Yes

No

*If yes, please list below*

--

Do you have experience as a sworn police/law enforcement officer?

Yes

No

*If yes, please list position, length of service, and complete Part II of this booklet.*

Do you have experience in the security field (i.e. security guard, watchman, investigator, etc.)

Yes

No

*If yes, provide agency(s), dates, and positions below:*

--

Are you currently a certified Law Enforcement Officer in Iowa?

YES

No

Certificate #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Provide a photo copy of the certification card to your background investigator.**

Do you have an Iowa issued weapon permit?

YES

No

Yes *If yes*: Permit #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Do you have experience as an intern, volunteer, cadet, or explorer with this agency,  
or any other law enforcement/public safety agency?

YES

No

*If yes, provide agency, dates, and position below:*

--

**DCSO USE ONLY**

Investigator \_\_\_\_\_

Date \_\_\_\_\_

Applicant \_\_\_\_\_

**Police, Fire and/or Public Safety Experience (continued)**

Do you have experience, volunteer or career, with any fire department or rescue squad? Yes No

*If yes, provide agency, dates, and position below:*

Do you have any family members/relatives who are current or past members of a law enforcement agency? Yes No

*If yes, please list name, relationship, and their department/agency below.*

*Have you ever:*

- |  |     |    |
|--|-----|----|
| 1. Applied for any position for which a background investigation was initiated?                        | Yes | No |
| 2. Been denied employment by an organization covered in the above question?                            | Yes | No |
| 3. Do you have any concerns about participating in a polygraph examination/CVSA with this agency?      | Yes | No |
| 4. Been polygraphed or participated in a CVSA in the course of employment or while seeking employment? | Yes | No |
| 5. Failed a polygraph or had deception identified upon taking a polygraph or CVSA?                     | Yes | No |
| 6. Have you ever been granted a security clearance by the US Government?                               | Yes | No |

*If you answered yes to questions #1-6 above, please provide a detailed explanation below.*

**DCSO USE ONLY**

Investigator

Date

Applicant

[illegible][illegible]

**Police, Fire, and/or Public Safety Employment Applications**

List all criminal justice, public safety agencies or fire departments to which you have applied. List the steps you have completed with each agency – written exam, oral interview, CVSA/polygraph, background completed, physical agility, etc. Be sure to list your final status as well. **If you have applied to the same agency more than once, list each time separately.** Additionally, list each occasion you have applied to the Delaware County Sheriff's Office.

Agency	Date Applied	Last Step Taken	Investigator	Phone Number	Status

DCSO USE ONLY

Investigator

Date

Applicant

<u>DCSO USE ONLY</u>		
Investigator	Date	Applicant

DCSO USE ONLY		
Investigator	Date	Applicant

<u>DCSO USE ONLY</u>		
Investigator	Date	Applicant

<u>DCSO USE ONLY</u>		
Investigator	Date	Applicant

### Miscellaneous

*Are you able to perform all aspects of the essential functions for this position with or without an accommodation? If not, please describe below.*

---

If you become employed as a police officer by this agency, how long do you anticipate remaining with us?

List all professional and/or civic organizations that you currently are, or were previously, a member of.

#### DCSO USE ONLY

Investigator

Date

Applicant

Miscellaneous/Additional Continuation Sheet

DCSO USE ONLY

Investigator

Date

Applicant



# DELAWARE COUNTY SHERIFF'S OFFICE

## CURRENT/PAST LAW ENFORCEMENT OFFICER SUPPLEMENTAL

*To be completed only by those applicants who are now or have been sworn law enforcement officers / agents / investigators in any jurisdiction, to include U.S. military.*

Applicant's Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_



## Current and Former Law Enforcement Officers

What law enforcement agency(s) are you currently or formally employed by?

*Include dates of employment (from: MM/DD/YY to MM/DD/YY)*

Have you ever been involved in any traffic accidents while operating departmental or government vehicles?

Yes

No

*If so, how many and what was the disposition of each?*

What assignments, special training, or skills have you had as a police officer, and how long have those assignments lasted (FTO, SWAT, K9, Investigator/ Detective, etc.)?

DCSO USE ONLY

Investigator

Date

Applicant

### Current and Former Law Enforcement Officers (*Continued*)

How have you been rated on your evaluations?

Excellent	Above Satisfactory	Satisfactory	Below Satisfactory	Unsatisfactory		
					Yes	No
1.	Have you been the subject of any internal investigations?				Yes	No
2.	Have you ever been suspended from duty, with or without your police powers, for any reason, except for medical reasons?				Yes	No
3.	Have you ever been subject to any departmental disciplinary actions?				Yes	No
4.	Have you been investigated by your current/past agency for an allegation of domestic violence or abuse?				Yes	No
5.	Have you ever been questioned/interviewed/interrogated by your department's Internal Affairs Unit?				Yes	No
6.	Have you ever discharged your service weapon either on-duty or off-duty, other than for training purpose or for authorized animal destruction?				Yes	No
7.	Have you ever given an untruthful statement in court or to your department's Internal Affairs Unit concerning your actions as a Police Officer?				Yes	No
8.	Have you ever been charged or investigated for the use of excessive force or police brutality?				Yes	No

*If you answered yes to Questions #1-8 above, provide a detailed explanation below.*

#### DCSO USE ONLY

Investigator

Date

Applicant



# DELAWARE COUNTY SHERIFF'S OFFICE

## REMINDER FOR APPLICANTS.

When requested, you are required to bring the original documents with you in order for copies to be made of these documents if you have not already provided them to this agency.

BIRTH CERTIFICATE

HIGH SCHOOL TRANSCRIPTS *(OR PROOF OF REQUEST FOR TRANSCRIPTS)*

HIGH SCHOOL DIPLOMA *(OR EQUIVALENT)*

SEALED COLLEGE TRANSCRIPTS *(OR PROOF OF REQUEST FOR TRANSCRIPTS)*

COLLEGE DIPLOMA OR CERTIFICATE *(IF APPLICABLE)*

MILITARY FORM DD-214 (UNDELETED) *(IF APPLICABLE)*

MILITARY PERSONNEL DOCUMENTS *(IF APPLICABLE)*

SELECTIVE SERVICE VERIFICATION *(IF APPLICABLE)*

NATURALIZATION CERTIFICATE *(IF APPLICABLE)*

RELEASE OF INFORMATION

SOCIAL SECURITY CARD

DRIVERS LICENSE

PASSPORT *(IF APPLICABLE)*

PERFORMANCE EVALUATIONS *(IF APPLICABLE)*

LETTERS OF COMMENDATION

TRAINING CERTIFICATES

TRAINING RECORDS AND CERTIFICATE *(FOR LAW ENFORCEMENT ONLY)*



## 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