

## **UNION COUNTY SHERIFF'S OFFICE JOB ANNOUNCEMENT**



**Law Enforcement**

**Deputy Sheriff**

The Union County Sheriff's Office is accepting applications for the position of Deputy Sheriff. Applicants must meet minimum hiring standards set by the Iowa Law Enforcement Academy Council. Union County offers a competitive wage and benefit package. Starting salary for Deputy Sheriff in Union County is dependent upon qualifications.

Applications are available on-line at [unioncountyiowa.org](http://unioncountyiowa.org) or may be picked up at the Union County Sheriff's Office. Completed applications package must be received no later than 3:00 pm on Friday, February 21<sup>st</sup> 2025. A Post exam and Physical agility test will be administered at the Southern Prairie Family Fitness Center March 1<sup>st</sup> @ 10:00 AM.

Union County is an equal opportunity employer.

**Union County Sheriff's Office  
302 N. Pine Street  
Creston, Iowa 50801  
641-782-8402  
Sheriff Brian Bolton**



**To: Deputy Sheriff Applicants**

**Application /Personal History Statement and Release of Information**

We thank you for your interest in the hiring process for the Union County Sheriff's Office. You are being asked to sign two (2) releases of information. The first one authorizes us to check your criminal history record, military records, and driver's history. The second authorizes us to check your employment and personal references.

You are also required to provide copies of the following documents with the finished application packet.

1. Copy of Birth Certificate
2. School Transcripts (High School and College)
3. Copy of Military Discharge papers ( if applicable)
4. GED Test Scores or High School Equivalency (if applicable)
5. Copy of Valid Social Security Card

In the event an applicant had been previously certified an Iowa Law Enforcement Officer and has not had more than 180 days break in service the applicant will NOT have to take the Post Exam or Physical Agility.

The application must be returned to the Union County Sheriff's Office no later than 3:00 pm on Friday February 21<sup>st</sup>. A Post Exam and Physical Agility test will be administered at the Southern Prairie Family Fitness Center (1201 W. Townline St. Creston, IA 50801 on Saturday, March 1<sup>st</sup> at 10:00 am.

If you have any questions, please feel free to contact me at (641)782-8402.

Respectfully,

Brian Bolton—Sheriff

Union County Sheriff's Office

## Personal History Statement

1. Complete your Personal History Statement using a typewriter, computer or legible printing in black ink.
2. Answer all questions. If a question does not apply to you, enter “N/A” in the space provided.
3. Avoid errors by reading the directions carefully. Be certain that your information is correct.
4. You are responsible for obtaining correct addresses and phone numbers. Failure to provide accurate information could affect the background investigation.
5. Attach extra sheets as needed. Be certain to number your responses.
6. Provide copies of any support documents ( birth certificate, diplomas, licenses, DD214, etc.).
7. This statement must be complete. Omissions or falsifications may disqualify you.

***The impact of any negative information that you might provide is greatly outweighed by the impact of that same information if an investigator initially uncovers it.***

# Personal History Statement

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

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
Number Street  
City State Zip

3. Telephone: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_

5. Other Names used: (nickname, maiden, name etc.) \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_ 7. Birthplace: \_\_\_\_\_

8. U.S. Citizen: \_\_\_\_\_ 9. Driver's License #/State: \_\_\_\_\_

10. Height: \_\_\_\_\_ 11. Weight: \_\_\_\_\_ 12. Eye Color: \_\_\_\_\_

13. Hair Color: \_\_\_\_\_ 14. Scars, marks, tattoos, etc.: \_\_\_\_\_

15. Email: \_\_\_\_\_

**B. WORK HISTORY:** Beginning with your present or most recent job, list all employment held in the last 10 years, including internships, part-time, temporary, or seasonal employment. Include all periods of unemployment. You may include other jobs prior to ten years if police related. Attach extra pages if necessary. Please indicate if you would prefer that no inquiries be made to your current employer *at this time*.

1. Employer \_\_\_\_\_

Address: \_\_\_\_\_  
Street # City State Zip

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer \_\_\_\_\_

Address: \_\_\_\_\_  
Street # City State Zip

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer \_\_\_\_\_

Address: \_\_\_\_\_  
Street # City State Zip

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Employer \_\_\_\_\_

Address: \_\_\_\_\_  
Street # City State Zip

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Co-Worker: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

C. MILITARY RECORD

1. Have you ever served in the U.S. Armed Forces? \_\_\_\_\_
2. Date of Service: From \_\_\_\_\_ To: \_\_\_\_\_  
Branch: \_\_\_\_\_ Unit Designation: \_\_\_\_\_  
Military Service Number: \_\_\_\_\_ Highest Rank: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_
3. Were you ever disciplined while in the military service ( include court-martial, Captain's masts, company punishments, etc.)? \_\_\_\_\_

Charge: \_\_\_\_\_ Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Age at Time: \_\_\_\_\_  
Disposition \_\_\_\_\_

Charge: \_\_\_\_\_ Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Age at Time: \_\_\_\_\_  
Disposition \_\_\_\_\_

Charge: \_\_\_\_\_ Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Age at Time: \_\_\_\_\_  
Disposition \_\_\_\_\_

D. EDUCATIONAL HISTORY

1. High School: \_\_\_\_\_

Street # City State Zip  
From \_\_\_\_\_ To \_\_\_\_\_ Date Graduated \_\_\_\_\_

2. College \_\_\_\_\_

Street # City State Zip  
Units Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Degree Received \_\_\_\_\_

College \_\_\_\_\_

Street # City State Zip  
Units Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Degree Received \_\_\_\_\_

**E. SPECIAL QUALIFICATION AND SKILLS**

1. List any special licenses you hold (pilot, radio, operator, scuba, etc.).

Licensing Authority \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Licensing Authority \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you are fluent in a foreign language, indicate your degree of fluency.

Language \_\_\_\_\_

	Good	Fair	Excellent
Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F. ARRESTS, CONVICTIONS, DETENTIONS, AND LITIGATIONS**

1. Have you ever been arrested, convicted, detained by the police, or summonsed into criminal court?      Yes       No

If yes, complete the following (list juvenile as well as adult occurrences):

Law Enforcement Agency \_\_\_\_\_

\_\_\_\_\_  
City                      State

Crime Charged \_\_\_\_\_ Date \_\_\_\_\_

Disposition \_\_\_\_\_ Date \_\_\_\_\_

If yes, complete the following (list juvenile as well as adult occurrences):

Law Enforcement Agency \_\_\_\_\_

\_\_\_\_\_

City State

Crime Charged \_\_\_\_\_ Date \_\_\_\_\_

Disposition \_\_\_\_\_ Date \_\_\_\_\_

2. Have you ever been involved as a party in a civil litigation (including protection orders and divorce)? Yes  No

If yes, give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. TRAFFIC RECORD**

1. Has your license ever been suspended or revoked? Yes  No

If yes, give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name your automobile insurance carrier \_\_\_\_\_

3. List all driving citations that you have received as a juvenile and adult, excluding parking tickets.

Month/Year	Charge	City/State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe in a brief narrative any traffic accidents in which you have been involved that resulted in any injury to anyone or occurred in the last ten years, giving approximate dates and locations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**H. MARITAL AND FAMILY HISTORY**

1. Are you Single  Married  Separated  Divorced  Widowed

2. Spouse's full Name \_\_\_\_\_

Date Married \_\_\_\_\_ City/State \_\_\_\_\_

3. Ex-spouse's full Name \_\_\_\_\_

Date Married \_\_\_\_\_ City/State \_\_\_\_\_

Date Divorced \_\_\_\_\_ City/State \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

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

4. List all children related to you or your spouse ( natural or by marriage).

Name \_\_\_\_\_ Relation \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

List all children related to you or your spouse ( natural or by marriage).

Name \_\_\_\_\_ Relation \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

List all children related to you or your spouse ( natural or by marriage).

Name \_\_\_\_\_ Relation \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

5. List all dependents or people living in your home.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

List all children related to you or your spouse ( natural or by marriage).

Name \_\_\_\_\_ Relation \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

List all children related to you or your spouse ( natural or by marriage).

Name \_\_\_\_\_ Relation \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

6. List other relatives.

Father \_\_\_\_\_ Phone \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

Mother \_\_\_\_\_ Phone \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

Brother/Sister \_\_\_\_\_ Phone \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

Brother/Sister \_\_\_\_\_ Phone \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

Brother/Sister \_\_\_\_\_ Phone \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

Brother/Sister \_\_\_\_\_ Phone \_\_\_\_\_

Present Address \_\_\_\_\_

Street # City State Zip

**I. REFERENCES OR ACQUAINTANCES:** List five people who know you well enough to provide current information about you. Do not include relatives.

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

**J. FINANCIAL HISTORY: SOURCES OF INCOME**

1. What is your present salary or wage? \_\_\_\_\_

2. Do you have income from any source other than your principal occupation? \_\_\_\_\_

3. Do you own real estate? Yes  No

Where? \_\_\_\_\_

What is its value? \_\_\_\_\_

4. Do you own stocks or bonds? Yes  No

If so, what is their value? \_\_\_\_\_

5. Do you have a bank account? Yes  No

Checking: Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Savings: Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

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

Name \_\_\_\_\_ Account Type \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Account # \_\_\_\_\_ Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Principal Item \_\_\_\_\_

Name \_\_\_\_\_ Account Type \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Account # \_\_\_\_\_ Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Principal Item \_\_\_\_\_

Name \_\_\_\_\_ Account Type \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Account # \_\_\_\_\_ Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Principal Item \_\_\_\_\_

Name \_\_\_\_\_ Account Type \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Account # \_\_\_\_\_ Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Principal Item \_\_\_\_\_

Name \_\_\_\_\_ Account Type \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Account # \_\_\_\_\_ Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Principal Item \_\_\_\_\_

Name \_\_\_\_\_ Account Type \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Account # \_\_\_\_\_ Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Principal Item \_\_\_\_\_

Name \_\_\_\_\_ Account Type \_\_\_\_\_

Address \_\_\_\_\_

Street # City State Zip

Account # \_\_\_\_\_ Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Principal Item \_\_\_\_\_

K. PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

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2. Have you ever used marijuana, or any other drug not prescribed by your physician? If yes, when and what were the circumstances.

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3. Have you ever sold or furnished narcotics to anyone? \_\_\_\_\_  
If yes, explain in detail.

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4. If it became necessary to take a human life in the course of your duties as a police officer, would any religious or other beliefs keep you from doing so? \_\_\_\_\_  
If yes, explain.

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5. Do you have any religious or other beliefs that would prevent you from fully performing the duties of a police officer, including working on weekends, evenings, or night shifts?  
If yes, explain.

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6. Are there other incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a police officer?

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Union County Sheriff's Office  
302 North Pine Street  
Creston, IA 50801



**READ CAREFULLY BEFORE SIGNING:**

The information provided on my application or on any information submitted with the application is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal and /or revocation of ILEA certification if later discovered.

In order to permit the Union County Sheriff's Office to make a through investigation of my background, health, family, personal habits, and reputation, for the purpose of determining my fitness and suitability for employment with the County, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons or entities who shall furnish an information or opinions regarding my background, health, family, personal habits, and/or reputation and waive any and all legal privileges I may have to maintain such information as confidential, including but not limited to, the following privileges: attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife, and accountant-client.

The undersigned hereby authorizes any person or entity who may be contacts by the Union County Sheriff's Office, its employees, deputies, or agents to release and transmit to such employees, deputies, or agents any information, data, or opinions they may have regarding my background, health, family, personal habits, or reputation. I understand that the source of such information or opinions provided to the County shall be confidential and that the County shall not be required to reveal the content or source of any information or opinions.

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

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

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

Applicant's Signature: \_\_\_\_\_

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

Signature of Witness: \_\_\_\_\_

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

Address of Witness: \_\_\_\_\_

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