UNION COUNTY SHERIFFõS OFFICE

Application for Law Enforcement Employment

Date:_____/_____/_____

Notice: Applications must be **typewritten** or **clearly printed** in ink. All questions must be answered and accompanying documents received prior to processing. If not applicable, indicate N/A (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size to this application and number the sheets to correspond with the questions.

I. PERSONAL HISTORY STATEMENT

Full Name :_____Driver's License #:_____
Last First Middle

Street Address:_____Home Phone (_____)_____

City:_____State:_____Zip Code:_____Cell Phone (_____)_____

☐ Male ☐ Female Date of Birth:_____/_____/_____ *Age:_____*Race:_____

Social Security Number: _____-_____-_____ Place of Birth:_____

Are you a citizen of the United States? ☐ Yes ☐ No **Email Address**:_____

Have you taken the Civil Service Examination before? ☐ Yes ☐ No
If so, what date? _____/_____/_____

Were you ever employed by Union County? ☐ Yes ☐ No
If so, what department?_____ From_____/_____/_____To_____/_____/_____

"An Equal Opportunity Employer"

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

Return this application to:

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

For questions call: 641-782-8402

Applications Due - Friday, August 21, 2026 @ 3:00 PM

Height_____Weight_____Color of Eyes_____Color of Hair_____

Scars, Mark, or Tatoos:_____

List all names that you have ever used including maiden names:

_____

_____

_____

If married, spouse's name:_____
First Middle Maiden Name (if applicable)

II. RESIDENCES

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

Date from	Date to	Street Address	Apt./Unit #	City	County	State

III. EDUCATION RECORD

High School - Name and Address of School	Date From	Date to

College or University	Date From	Date To	Major	Degree

Other education, training, or special skills you possess:

If you are working on a degree, please give the anticipated completion date:_____

Type of degree:_____ Name of Institution:_____

Were you ever dismissed from a school, or was any disciplinary action taken against you, including scholastic probation? ☐ Yes ☐ No

If yes:

Name of school:_____Date:_____

Type of action:_____

List awards, honors, citations, positions held in school organizations, athletic endeavors and any other recognition you received while in school:

IV. ORGANIZATION MEMBERSHIP

Are you now, or have you ever been, a member of any club, society, or organization? ☐ Yes ☐ No
If yes, please list them below, do not abbreviate.

Name and Address	Type (Social, Fraternal, Professional, etc.)	Office Held	Date From	Date To

V. REFERENCES

Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, who have known you for at least five (5) years, preferably those who have known you during the past five (5) years. If retired, please give their former occupation.

1. Complete Name:_____ Addresses
Residence:_____

Business:_____

Yrs. Acquainted_____Occupation_____ Telephone: (_____)_____

****

2. Complete Name:_____ Residence:_____

Business:_____

Yrs. Acquainted_____Occupation_____ Telephone: (_____)_____

****

3. . Complete Name:_____ Residence:_____

Business:_____

Yrs. Acquainted_____Occupation_____ Telephone: (_____)_____

List three (3) social acquaintances in your own age group:

1. Complete Name:_____ Residence:_____

Business:_____

Yrs. Acquainted_____Occupation_____ Telephone: (_____)_____

****

2. Complete Name:_____ Residence:_____

Business:_____

Yrs. Acquainted_____Occupation_____ Telephone: (_____)_____

****

3. Complete Name:_____ Residence:_____

Business:_____

Yrs. Acquainted_____Occupation_____ Telephone: (_____)_____

VI. EMPLOYMENT

List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period of time, indicate by setting forth the dates of unemployment.

Name and Address of Employer	Date From	Date To	Salary	Position and kind of work	Supervisor	Reason for leaving
Name_____ Address_____ City/State_____ Telephone_____						
Name_____ Address_____ City/State_____ Telephone_____						
Name_____ Address_____ City/State_____ Telephone_____						
Name_____ Address_____ City/State_____ Telephone_____						

Name_____ Address_____ City/State_____ Telephone_____						
Name_____ Address_____ City/State_____ Telephone_____						
Name_____ Address_____ City/State_____ Telephone_____						
Name_____ Address_____ City/State_____ Telephone_____						

VII. MILITARY RECORD

Have you registered with Selective Service, if applicable? ☐ Yes ☐ No

Have you ever served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No

Highest rank attained:_____

Branch of military service:_____Serial Number:_____

Dates of Active Duty: From_____/_____/_____ To _____/_____/_____

Type of discharge:_____

Date DD-214 form was recorded: _____/_____/_____County:_____State:_____
(**Provide a copy of your DD-214**)

Was any type of disciplinary action taken against you in the service? ☐ Yes ☐ No
If yes, state the reason(s) and nature of action(s):

Have you ever been classified 1-Y (registrant qualified for military service only during time of war or national emergency?) ☐ Yes ☐ No If yes, state reason(s):

VIII. OPERATOR'S LICENSE

Are you a licensed motor vehicle operator? ☐ Yes ☐ No If yes, list the state(s) you are licensed in:

_____Driver's License Number_____

Has your driver's license ever been suspended, revoked, or denied in this or any other state? ☐ Yes ☐ No
If yes, explain:

_____

_____

_____

IX. COURT RECORD

Have you ever been arrested or charged with any violation, including traffic offenses or have you ever been arrested for past due tickets? ☐ Yes ☐ No (List all such matters even if you were not formally charged or there was no court appearance, including whether you were found guilty, and if the matter was settled by payment of fine, or forfeiture of bond or collateral).

Date	Place	Charge	Disposition	Details

Has any member of your immediate family, i.e. spouse, brothers, sisters, or children ever been a plaintiff or defendant in any civil or criminal court action?

Name	Relation	Charge	Date	Disposition

Have you ever been a plaintiff or defendant in any court action (including divorce)? ☐ Yes ☐ No
If yes, explain by furnishing dates, place, court, names of parties involved, nature of action, and final disposition:

_____

_____

_____

_____

_____

X. RELATIVES

Please use complete names, including middle name (no initials) and complete these addresses:

Father_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

****

Mother_____Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

****

Child _____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

****

Child _____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

****

Child _____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

****

Brother_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

****

Brother_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

****

Brother_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

****

Sister_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

****

Sister_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

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Sister_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

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Other relatives with whom you have resided for an extended period of time (indicate relation):

Name_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

Birth Date_____Telephone_____ Telephone_____

Name_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

Birth Date_____Telephone_____ Telephone_____

****

Name_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

Birth Date_____Telephone_____ Telephone_____

****

Name_____ Business Name _____

Street Address_____ Street Address_____

City_____State_____Zip____ City_____State_____Zip_____

Birth Date_____Telephone_____ Telephone_____

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XI. APPLICANT MISCELLANEOUS DATA

Conviction Record

Have you ever been convicted of any crime? ☐ Yes ☐ No

List all convictions below, including date, location, charge, and disposition:

Date	County/State	Charge	Disposition

Are you currently a certified Peace Officer? ☐ Yes ☐ No List state:_____
Date Certified: _____

Have you recently completed the POST? ☐ Yes ☐ No
If so, what date? _____/_____/_____ Testing Agency:_____
☐ Pass ☐ Fail

Have you recently completed the physical fitness test? ☐ Yes ☐ No
If so, what date? _____/_____/_____ Testing Agency:_____
☐ Pass ☐ Fail

Have you recently completed the MMPI? ☐ Yes ☐ No
If so, what date? _____/_____/_____ Testing Agency:_____

Supplemental Application Materials

To be eligible to take the physical fitness test and written examination you must submit the below documents with your completed application packet.

Have you attached a copy of your resume to the application packet? ☐ Yes

Have you attached a copy of your diploma from the highest level of education completed? ☐ Yes

Have you attached a copy of your transcripts form the highest level of education completed? ☐ Yes

Have you attached a copy of your DD214 to the application packet? ☐ Yes ☐ No Military Service

If selected to attend the physical fitness test and written examination you will be contacted with further information.

☐ **Application materials due by August 21, 2026 at 3:00 PM**

☐ **TESTING -SATURDAY, SEPTEMBER 5, 2026**

Remainder of this page is for Administrative purposes only:

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Are there any incidents in your life not mentioned herein which may reflect on your ability to perform the duties which you may be called upon to undertake? ☐ Yes ☐ No

If yes, please explain:

Are you willing to take a polygraph examination (lie detector) which is required of all applicants?

☐ Yes ☐ No

If no, please explain:

Are there any additional remarks you would like to make?

I, hereby swear and affirm that each statement and all information in or supplementing this application (personal and physical evaluation) are complete, true, and accurately recorded to the best of my knowledge. I understand that providing false, misleading, and/or incomplete information on this application is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.

_____

Signature of Applicant

Date: _____/_____/_____

Union County Sheriff's Office