



DUBUQUE COUNTY APPLICATION FOR DEPUTY SHERIFF



PERSONAL INFORMATION

Date of Application: _____

Full Name: _____

Address: _____

Email Address: _____

Daytime Phone: _____ Evening Phone: _____

Social Security Number: _____

Have You Ever Served in the United States Military? _____

EDUCATION AND TRAINING

	NAME OF INSTITUTION	# OF YEARS COMPLETED
HIGH SCHOOL	_____	_____
COLLEGE/TRADE	_____	_____
POST GRADUATE	_____	_____
OTHER	_____	_____

If You Attended College/Trade School, did you Graduate? _____

What Was Your Major/Minor? _____

List any Certifications or Professional Licenses Held: _____

Have You Been Convicted of a Felony? _____

Do You Have a Valid Driver's License? _____

If Yes, please provide your Driver's License Number: _____

EMPLOYMENT RECORD

Please begin with your present or most recent employer and continue for the last 15 years. You may attach additional sheets if necessary.

Dates Employed: _____

Position Held: _____

Name and Address of Employer: _____

Immediate Supervisor: _____

Brief Description of Duties: _____

Reason for Leaving: _____

Dates Employed: _____

Position Held: _____

Name and Address of Employer: _____

Immediate Supervisor: _____

Brief Description of Duties: _____

Reason for Leaving: _____

Dates Employed: _____

Position Held: _____

Name and Address of Employer: _____

Immediate Supervisor: _____

Brief Description of Duties: _____

Reason for Leaving: _____

REFERENCES

Name	Email Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION OF APPLICANT

Please Read Carefully

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware, that should an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I will be dismissed from my employment with Dubuque County. I further authorize Dubuque County to make all necessary and appropriate investigations to verify the information contained herein.

Signature _____ Date: _____

AUTHORIZATION AND RELEASE

Having made application for employment and desiring Dubuque County to be informed as to my record(s), I hereby acknowledge Dubuque County to investigate my record and I further authorize the addressed individual, company or institution to furnish Dubuque County with any any information which my concern my employment record, and do hereby release the addressed individual, company or institution and all persons whomsoever from any damage on account of furnishing such information.

Signature _____ Date: _____

Witness Signature: _____

- Dubuque County hires only U.S. Citizens and Aliens lawfully authorized to work in the United States and will require all new full-time and part-time employees to complete the Federal I-9 form that verifies the person's identity and employment eligibility.
- Dubuque County is an equal opportunity employer. Qualified applicants are eligible to compete for positions without regard to race, color, national origin, sex, creed, religion, age, mental or physical disability, marital status or sexual preference.