



Ringgold County Sheriff's Office

Sheriff Rob Haley

801 West South St.

Mount Ayr, IA 50854

Phone: (641) 464-3921

FAX: (641) 464-0626

Employment Application

RINGGOLD COUNTY SHERIFF'S OFFICE IS
"AN EQUAL OPPORTUNITY EMPLOYER"

Background Investigation Application

Notice: Application must be typewritten or clearly printed in ink. **ALL** questions must be answered and accompanying documents received **PRIOR** to background investigation. If not applicable, indicate N/A. If space provided is not sufficient for complete answers or you wish to furnish additional information, please attach sheets of the same size as this application (8.5" x 11") and answers to correspond with the relevant section.

Application Date (mm/dd/yyyy)	
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Position applying for	
☐	Deputy Sheriff
☐	Fully Time Dispatcher/ Jailer

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

List all other names you have used. Included nicknames, maiden names, and previous married surnames.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Driver's License No. and State: _____

Desired Salary: \$ _____ Are you 21 years old or older? YES ☐ NO ☐

Are you a citizen of the United States? YES ☐ NO ☐

If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this department? YES ☐ NO ☐

If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

High School Education							
Name				Address			
From		To		Did you graduate?	YES ☐	No ☐	GED ☐

College/University Education PLEASE ATTACH TRANSCRIPT TO APPLICATION							
Name				Address			
From		To		Did you graduate?	YES ☐	No ☐	Degree/Minor
Name							
From		To		Did you graduate?	YES ☐	No ☐	Degree/Minor
If you are working toward a degree, please give the anticipated completion date (mm/dd/yyyy)					Degree		
Has any disciplinary action, including scholarship probation and dismissal, ever been taken against you during your academic career?							
If Yes, Name of School:				Date: (mm/dd/yyyy)		Type of Action taken:	

Awards, Honors, Abilities, Certifications	
List awards, honors, citations, athletic endeavors, and any other special recognition you received.	
List any special abilities, computer skills, special interest or hobbies.	
List languages in addition to English, including American sign language, that you either speak, write, or read fluently.	
If you are licensed or certified to practice a trade or profession, complete the following:	
Specialty:	License issued by:

References (Who are not related to you and are not previous employers)

Please list **three** references.

Full Name		Relationship	
Employer		Phone	
Address		Years Known	
Full Name		Relationship	
Employer		Phone	
Address		Years Known	
Full Name		Relationship	
Employer		Phone	
Address		Years Known	

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Residence history

List chronologically ALL of your residences in the past 10 years (include address while attending school if away from home, and all address including any off-military base.) If additional space is needed, please attach a separate sheet.

Dates (mm/dd/yyyy)		Street Address (include Apt, Unit, or PO Box)	City, State, ZIP	County
From	To			

Relatives

Please provide complete names, including full middle names, and complete address. If additional space is needed, please attach a separate sheet.

Father's Name	Employer
Street Address	Employer address
City, State, ZIP	Employer City, State, ZIP
Telephone	Occupation
Birth Date	
Mother's Name (include maiden name)	Employer
Street Address	Employer Street Address
City, State, ZIP	Employer City, State, ZIP
Telephone	Occupation

Birth Date	
Spouse's Name (include maiden name)	Employer
Street Address	Employer Street Address
City, State, ZIP	Employer City, State, ZIP
Telephone	Occupation
Birth Date	
Child's Name	Child's Name
Street address	Street Address
City, State, ZIP	City, State, ZIP
Child's Name	Child's Name
Street Address	Street Address
City, State, ZIP	City, State, ZIP

Additional Relatives

Brother's, Sister's, Step-Brother's, Step-Sister's

Relative's Name				Employer
Street Address				Employer Street Address
City, State, Zip				Employer City, State, ZIP
Telephone		Birth Date		Occupation
Relative's Name				Employer
Street Address				Employer Street Address
City, State, ZIP				Employer City, State, ZIP
Telephone		Birth Date		Occupation
Relative's Name				Employer
Street Address				Employer Street Address
City, State, ZIP				Employer City, State, ZIP
Telephone		Birth Date		Occupation
Relative's Name				Employer
Street Address				Employer Street Address
City, State, ZIP				Employer City, State, ZIP
Telephone		Birth Date		Occupation
Relative's Name				Employer
Street Address				Employer Street Address
City, State, ZIP				Employer City, State, ZIP

Telephone	Birth Date	Occupation
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Financial Record

Are monthly financial obligations kept current?	YES ☐	NO ☐	If no, Please Explain:	
Do you have any source of income other than your salary?	YES ☐	NO ☐	If yes, Please Explain:	

Court Record

List any and all arrests or violations, even if not formally charged, no court appearance, found not guilty, matter settled by payment of fine, or forfeiture of collateral. Include traffic citations but not parking tickets.

Date	Place	Charge	Final Disposition	Details

Has any member of your immediate family (spouse, parent, brother, sister, child) ever been arrested for any violation other than traffic offences?

YES ☐ NO ☐ If yes, please explain:

Have you ever been a plaintiff or defendant in any court action (including protective orders or divorce)?

YES ☐ NO ☐ If yes, please explain:

Selective Service/Military Record

Have you ever (check all that apply below):						
Registered with selective services, if applicable?					YES ☐	NO ☐
Applied for a position with any branch the Armed Forces of the United States?					YES ☐	NO ☐
Been reject by any branch of the Armed Forces for any reason?			YES ☐	NO ☐	If yes, state reason:	
Been inducted into any branch of the Armed Forces?			YES ☐	NO ☐	If yes, complete section below.	
Served on active duty in any branch of the Armed Forces?			YES ☐	NO ☐	If yes, complete section below.	
Dates if active duty (mm/dd/yyyy)			Branch of Military Service			
Highest Rank Attained			Serial Number		Type of Discharge	
Date, County, State DD-214 Form Recorded (provide a copy of your DD-214 with application)						
Member of Reserve/National Guard?	YES ☐	NO ☐	Service Branch		Location	

Was any type of disciplinary action taken against you in the service?	YES ☐	NO ☐	Nature of disciplinary action?	
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Organization Membership (Optional)

List any membership in any club, society or organization.

Organization	City, State, ZIP	Dates	List Positions held and Extent of Activity

Volunteer Activities (Optional)

List any volunteer activities, including volunteer fire fighting, EMS, police or sheriff reserve, and civic activities.

Organization	City, State, ZIP	Dates	List Positions held and Extent of Activity

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature:	Date:

The application packet and required documents must be submitted by **Email or Mail only** before the deadline to:

rhaley@ringgoldcounty.us or tlink@ringgoldcounty.us

or

Ringgold County Sheriff's Office
ATTN: Rob Haley
801 W South St.
Mount Ayr Iowa, 50854

Authorization to Release Information

We appreciate your interest in employment opportunities with the Ringgold County Sheriff's Office. As part of our normal procedure during the pre-employment process, we may perform a routine inquiry into your background based on the information you provided us. In order for such information to be released, we need your concurrence. Therefore, please read the following statement **carefully** and indicate your agreement by signing below.

TO WHOM IT MAY CONCERN:

I hereby authorize the Ringgold County Sheriff's Office (the "employer"), or other authorized representative of the employer, within one (1) year from the date hereof, to obtain any information in your files pertaining to my employment, military record, credit record, law enforcement record, medical or educational records, including, but not limited to, academic, achievement, attendance, criminal, personal history and disciplinary records. I hereby direct you to release such information upon request of the employer or its authorized representative. I hereby release the employer and any representative, as custodian of such records, and any school, college, university, or other educational institution; hospital, or other repository of medical records; credit bureau; law enforcement agency; lending institution; consumer reporting agency; or other business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages whatsoever, which may at any time result to me, my heirs, family or associates because of the Employer's request for and/or review of records described in this Authorization to release Information. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Date:	
Signature- Full Name	
Print or Type -Full name	
Current Address – Print or Type	
Driver's License Number	
State of issue	
Social Security Number	
(area code) Telephone number	

Have you been known by any other names? _____