

EDUCATION RECORD

High School: Circle highest grade completed 8 9 10 11 12 High school diploma or equivalent (GED)? Yes No

Name	Address	Dates Attended		Date Graduated
		From	To	

College/University: Circle No. of years completed 1 2 3 4 5 6 or more

Name of School and Location	Dates Attended		Credit Received		Field of Study or Area of Concentration		Type of Degree Obtained
	mo / yr	mo / yr	Semester Hours	Quarter hours	Major	Minor	

- a. If you are working toward a degree, please give the anticipated completion date. _____
- b. Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career?
 Yes No If yes, complete the following: _____
School Date
 Type of action taken: _____
- c. List awards, honors, citations, athletic endeavors, and any other special recognition you received.

- d. List any special abilities, (computer skills, etc.) special interests or hobbies: _____

- e. List languages, including American Sign Language (ASL), in addition to English that you speak, read and write fluently:

- f. If you are licensed or certified to practice a trade or profession, complete the following:
 Specialty: _____ License issued by: _____

INTERNSHIPS

Name of Business: _____	From: (mo/yr) _____	To: (mo/yr) _____
Address: _____	City: _____	State: _____
Work supervisor: _____	Example of duties performed: _____	
Name of Business: _____	From: (mo/yr) _____	To: (mo/yr) _____
Address: _____	City: _____	State: _____
Work supervisor: _____	Example of duties performed: _____	

RESIDENCE HISTORY

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

Dates		Apt. No.	Street Address	City	County	State
From	To					

FINANCIAL RECORD

a. What is the total amount of your monthly financial obligations? _____

b. Are monthly financial obligations kept current? Yes No

If no, explain: _____

c. Do you have any sources of income other than your salary? Yes No

If yes, explain: _____

COURT RECORD

a. Have you ever been arrested or charged with any violation including traffic citations, but not parking tickets? Yes No
 (List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral.)

Date	Place	Charge	Final Disposition	Details

b. Has any member of your immediate family, i.e. spouse, parents, brother, or sister ever been arrested for any violation other than traffic? Yes No If yes, list below:

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

No

If yes, give date, place, court names of parties involved, nature of action, and final disposition.

SELECTIVE SERVICE / MILITARY RECORD

a. Have you ever (check all that apply):

Registered with the Selective Service, if applicable? Yes No

Applied for a position with any branch of the Armed Forces of the United States? Yes No

Been rejected by any branch of the Armed Forces for any reason? Yes No If yes, state reason(s):

Been inducted into any branch of the Armed Forces? Yes No

If yes, complete sections b-h

Served on active duty in any branch of the Armed Forces? Yes No

If yes, complete sections b-h

b. Dates of active duty (month, day and year)

From _____ To _____

c. Branch of military service

d. Highest rank attained

e. Serial Number

f. Type of discharge _____

Date DD-214

Form recorded _____ County _____ State _____

Provide a copy of your DD-214 with application.

g. Member of Reserve/National Guard?

Yes No

Service Branch _____

Location _____

h. Was any type of disciplinary action taken against you in the service? Yes No

Nature of disciplinary action? _____

ORGANIZATION MEMBERSHIP (Optional)

a. Are you now, or have you ever been a member of any club, society or organization? Yes No

If yes, list below. *Do not abbreviate.*

Organization	City and State	Dates	List position(s) held and extent of activity

VOLUNTEER ACTIVITIES/EMPLOYMENT

Volunteer Activities (including volunteer fire fighting, police or sheriff reserve and civic activities)

Sponsoring Organization	City and State	Dates	List position(s) held and extent of activity

EMPLOYMENT

List your work experience, starting with the most recent. Include summer and part-time employment. Account for all time.
If unemployed for a period of time, indicate and set forth dates of unemployment.

a. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
b. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
c. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
d. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
e. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
f. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
g. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	
h. Name of employer	Dates of employment	Salary
Address	Position and kind of work	
City & state	Name of supervisor	
Telephone ()	Reason for leaving	

RELATIVES

Provide complete name, including middle name (*no initials*) and complete address

a. Father			Employer		
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone ()		Occupation		
b. Mother			Employer		Telephone # ()
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone ()		Occupation		
c. Spouse (If wife, include maiden name)			Employer		Telephone # ()
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone ()		Occupation		

d. Children					
Child's Name			Child's Name		
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone ()		Birth date	Telephone # ()	
Child's Name			Child's Name		
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone ()		Birth date	Telephone # ()	

e. Other relatives (brothers, sisters, step parents, step brothers, step sisters)			Employer		Telephone # ()
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone ()		Occupation		
Name and Relationship			Employer		Telephone # ()
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone ()		Occupation		
Name and Relationship			Employer		Telephone # ()
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone ()		Occupation		

RELATIVES (Continued)

Provide complete name, including middle name (*no initials*) and complete address

Name and Relationship	Employer	Telephone # ()
Street Address	Street Address	
City State Zip code	City	State Zip code
Birth date Telephone ()	Occupation	
Name and Relationship	Employer	Telephone # ()
Street Address	Street Address	
City State Zip code	City	State Zip code
Birth date Telephone ()	Occupation	

REFERENCES

Give three references (*not* relatives, present employers, or school teachers) who are responsible adults of reputable standing in their communities, preferably those who have known you well during the past five years. If retired, give former occupation.

a. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	
b. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	
c. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	

Give three social acquaintances

a. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	
b. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	
c. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone ()	
Business name and address	Bus. phone ()	



DOUGLAS W. JENSON
Sheriff

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Phone (641) 585-2828
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SANDY S. LARSON
Secretary

**WINNEBAGO COUNTY SHERIFF'S APPLICANT
WAIVER OF LIABILITY AND RELEASE FOR EMPLOYMENT**

READ CAREFULLY BEFORE SIGNING:

I have completed this application myself; no one else has completed any part of it for me.

The information provide on this application or on any information submitted with this 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 Winnebago County Sheriff to make a thorough investigation of my background, health, family, personal habits, and reputation, for the purpose of determining my fitness and suitability for employment with the Winnebago County Sheriff, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action and any and all persons or entities who shall furnish any 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 contacted by the Winnebago County Sheriff, his employees, officers, or agents to release and transmit to such employees, officers, 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 Winnebago County Sheriff shall be confidential and that the Winnebago County Sheriff 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 Winnebago County Sheriff, his employees, its officers, 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 Winnebago County Sheriff to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with the Winnebago County Sheriff, I expressly waive all of my legal rights and causes of action to the extent that the Winnebago County Sheriff's 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 Winnebago County Sheriff and all of its employees, officers, agents, and all others heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and/or my personal representatives.

Printed name of applicant

Signature of applicant

Date