

POLK COUNTY SHERIFF'S OFFICE
Application for Employment
Deputy/Jailer/Bailiff

PERSONAL INFORMATION:

Full Name: _____

Social Security Number: _____

Current Address: _____

Previous Addresses for the last five (5) years: _____

Home Phone: _____ Cell Phone: _____ Msg. Phone: _____

P. O. S. T. Certification Number: _____ Number of Basic Hours: _____

Position Desired: _____ Full Time: _____ Part Time: _____

Are you currently employed? _____ Date eligible to start work: _____

What shifts are you willing to work? _____

Have you ever applied to the Sheriff's Office before? _____ Date: _____

Do you have any relatives that work for the County of Polk? _____ Who? _____

Have you ever been convicted of any crimes other than traffic? Yes: _____ No: _____

EDUCATION:

High School(s) Attended and Year Graduated: _____

College(s) or Trade School(s) Attended and Dates Completed or Graduated: _____

SPECIALIZED TRAINING:

Type

When Completed

EMPLOYMENT HISTORY:

(last ten years)

Employer	Date From	Date To	Reason for leaving	hourly wage
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REFERENCES:

Name	Address	Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGREEMENT:

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any falsification could result in termination of my employment. I authorize investigation of all references and statements contained in this application for employment as may be necessary in arriving at an employment decision, and hold persons giving such information harmless and free of any liability that could from disclosure. In consideration of my employment, I agree to conform to the rules and regulations of this organization. I understand and agree that my employment compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the Sheriff or myself. This is not a contract of employment. Any individual who is hired may voluntarily leave employment or may be terminated by the employer at any time. I also understand that under the Immigration and Control act of 1986, I am required, within three (3) days of hiring, to provide certain information establishing my identity, employment eligibility, and work authorization.

I hereby acknowledge that I have read the above statement and understand the same.

Applicant Signature _____ Date: _____

**THE POLK COUNTY SHERIFF'S OFFICE IS
AN EQUAL OPPORTUNITY EMPLOYER.**

Revised
05/16/06