



Sheriff Brett Tharp

Lucas County Sheriff's Office

P.O. Box 816
 48559 Hy-Vee Road
 Chariton, IA 50049-0816
 PH (641) 774-5083 FAX (641) 774-1660

| |
|----------------------------------|
| Date of Application: / / |
|----------------------------------|

DEPUTY SHERIFF EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT OR TYPE)

PERSONAL HISTORY

| | | |
|--|---|---------------------------|
| a. Name in full (last, first, middle) | b. Date of Birth | c. Social Security Number |
| d. List all other names you have used (include nicknames, maiden name, etc.) | | |
| e. Address | Street | City |
| | | State |
| | | Zip Code |
| f. Home Telephone Number () | g. Alternate Telephone Number () | |
| h. Driver's License Number | i. Driver's License State | |
| j. List all other states in which you have had a driver's license issued to you: | | |

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION RECORD

HIGH SCHOOL

| Name | Address | Dates Attended | | Date Graduated |
|------|---------|----------------|----|----------------|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |

COLLEGE/UNIVERSITY

| Name of School and Location | Dates Attended | | Course of Study | | Type of Degree Received |
|-----------------------------|----------------|----|-----------------|-------|-------------------------|
| | From | To | Major | Minor | |
| | | | | | |
| | | | | | |
| | | | | | |

a. Are you working toward a degree not already listed above? Yes No

b. If you answered yes, what is the Course of Study? _____
 What is the anticipated completion date? _____

MISCELLANEOUS EDUCATION INFORMATION

a. List any awards, honors, citations, athletic endeavors, and/or any other special recognition you received during our academic career: _____

b. List any special abilities (computer skills, etc), special interests or hobbies that you have: _____

c. List languages in addition to English, including American Sign Language, that you can speak, read, or write and indicate whether your abilities are Fluent, Good or Fair: _____

d. Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during our academic career? Yes No

If Yes, complete the following: _____
School Date

Type of action taken: _____

Reason for action: _____

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: _____ | |
| _____ | | |

ORGANIZATION MEMBERSHIP

| a. Are you now or have you ever been a member of any club, society or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, list below. | | | |
|--|----------------|-------|------------------|
| Organization | City and State | Dates | Position(s) Held |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

VOLUNTEER EMPLOYMENT

| List below all volunteer activities you are, or have been involved with, to include civic activities, volunteer fire fighting, police or sheriff reserves, etc. | | | |
|---|----------------|-------|------------------|
| Organization | City and State | Dates | Position(s) Held |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SELECTIVE SERVICE / MILITARY RECORD

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

Registered with the Selective Service? Yes No Not Applicable

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? Yes No

If Yes, state reason(s): _____

Served on active duty in any branch of the Armed Forces? Yes No
If Yes, complete sections b-k. If No, skip to section i

b. Dates of Active Duty (mo/day/yr) from: _____ to: _____ c. Branch of Service d. Highest Rank Attained

e. MOS/Job Title f. Serial Number g. Type of Discharge

h. Date DD-214 form Recorded: _____ County: _____ State: _____

ATTACH A COPY OF YOUR DD-214 FORM TO THIS APPLICATION

i. Are you a member of the Reserve/National Guard? Yes No

If Yes, Service Branch _____ Unit _____ Name: _____

Unit Location: _____ Unit _____ Telephone _____ Number: _____

Name and Rank of Immediate Supervisor: _____

J. List any awards, commendations, medals received as a result of military service:

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

If Yes, type and nature of action: _____

EMPLOYMENT EXPERIENCE

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

| | | |
|-----------------------------|---------------------------|--------|
| a. Name of Employer | Dates of Employment | Salary |
| Address | Position and kind of work | |
| City, State and Zip Code | Name of Supervisor | |
| Telephone Number () | Reason for Leaving | |
| b. Name of Employer | Dates of Employment | Salary |
| Address | Position and kind of work | |
| City, State and Zip Code | Name of Supervisor | |
| Telephone Number () | Reason for Leaving | |
| c. Name of Employer | Dates of Employment | Salary |
| Address | Position and kind of work | |
| City, State and Zip Code | Name of Supervisor | |
| Telephone Number () | Reason for Leaving | |
| d. Name of Employer | Dates of Employment | Salary |
| Address | Position and kind of work | |
| City, State and Zip Code | Name of Supervisor | |
| Telephone Number () | Reason for Leaving | |

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

ADDITIONAL QUALIFICATIONS

Summarize any special job related skills and qualifications acquired from employment or other experience.

REFERENCES

List three references, not related to you, who are responsible adults of reputable standing in their communities.

| | | |
|--|------------|-----------------------------|
| a. Complete Name | Occupation | No. yrs acq. |
| Home address (street, city, state, zip code) | | Home phone number () |
| Work Address (street, city, state, zip code) | | Work phone number () |
| How do you know this person? | | |
| b. Complete Name | Occupation | No. yrs acq. |
| Home address (street, city, state, zip code) | | Home phone number () |
| Work Address (street, city, state, zip code) | | Work phone number () |
| How do you know this person? | | |
| c. Complete Name | Occupation | No. yrs acq. |
| Home address (street, city, state, zip code) | | Home phone number () |
| Work Address (street, city, state, zip code) | | Work phone number () |
| How do you know this person? | | |

APPLICANTS STATEMENT

I certify that the answers contained within this application for employment are true and complete to the best of my knowledge. By signing below I hereby authorize investigation of all statements contained within this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Date application received: ___/___/___ Is the position applied for open? Yes NO

| | YES | NO | Date/Location/Results |
|---------------------------------|--------------------------|--------------------------|-----------------------|
| Schedule: Physical Fitness Test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Written Test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Oral Interview | <input type="checkbox"/> | <input type="checkbox"/> | |
| Psychological Test | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Physical Examination | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Notes: _____

Employment Benefits for Deputy

As of 7/1/22, the benefits are:

Pay periods are every 28 days with paychecks being distributed Friday following the last day of the pay period.

Holidays: Date specified by the Lucas County Board of Supervisors and the Lucas County Sheriff. For 2022 there are 10 holidays and one floating holiday. If an employee works on a holiday, they are paid time and one-half for all hours worked, plus the employee will be paid an additional 8 hours straight time for the holiday. If the employee is scheduled to work on a holiday and request that day off, they will be paid straight time for the holiday. If the holiday falls on an employee's day off, they are paid for 8 hours for the holiday at straight time.

Overtime: Any hours in excess of 171 hours in a pay period will be paid at a rate of time and one-half of the regular hourly wages. The exception to that would be if any holiday, vacation, comp or sick leave was taken in that pay period, those hours would be deducted from the total hours worked to determine if there is overtime. If the total is less than 171 hours after that deduction, all hours would be paid at straight time rate.

Sick leave: Sick leave is earned at 20 hours per month, and accumulated to a maximum 720 hours. If an employee uses sick leave during that month, the hours used will be deducted from the total accumulated, and the employee does not earn any hours. Sick leave can be used for immediate family members, if the employee has 90% of the maximum accumulated hours earned, and has worked a full calendar year. Only one week in a calendar year can be taken for family.

Vacation: After one year, the employee earns 80 hours vacation. After completing 4 years, the employee earns 120 hours. After completing 11 years, the employee earns 160 hours. After completing 19 years, the employee earns 176 hours. After completing 24 years, the employee earns 200 hours.

Comp time: An employee may elect to earn comp time instead of overtime. Comp time may be accumulated to 16 hours.

Insurance: The County will pay for the premium of an employee up to a certain amount, if there is a remainder it will go towards a family policy if the employee elects to have a family policy. The County also provides a \$15,000.00 life insurance policy on employees only. Also, Avesis Vision plan is provided for employee only. If employee is interested in extra life or family plan on Avesis, they may contact the Auditor. The insurance will take effect on the 1st day after a full month of employment.