



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: / /

EMPLOYMENT APPLICATION

LIST POSITION YOU ARE APPLYING FOR

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

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?
 Yes 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: _____

