

PHONE 712-362-2639

SHERIFF JUSTIN SCHULTES
CALEB CREECH
DAVID GREENWALD
JESSE MICKELSON
DYLAN ESHELMAN

CIVIL CLERK:
LAURIE THOMAS



Law Enforcement Center
114 North 6th Street
Estherville, Iowa 51334-2229

FAX 712-362-7271
DISPATCHERS:
CASIE WHITACRE
CHRIS INMAN
NEVADA PYAWASIT

JAILERS:
JAIL ADMINISTRATOR:
LAURIE THOMAS

AHREN OUELLETTE
ROSALIA RODRIGUEZ
COREY RASCH

Emmet County Deputy Sheriff Job Description

An Emmet County Deputy Sheriff performs work involving general duty police work in the protection of life and property through the enforcement of laws of applicable Federal, State and Local Laws, may be assigned to any specific task within the department's area of operation; and performs work under both supervised and unsupervised conditions, which involves an element of personal danger.

Job Duties, Responsibilities and Tasks:

Each of the following job duties and responsibilities of the Deputy Sheriff are performed on an on-going regular basis unless otherwise noted. The duties and responsibilities of this position include, but are not necessarily limited to:

1. Enforcing of Local, State and Federal Laws.
2. Patrolling of an assigned area checking doors and windows and examining premises of unoccupied buildings or residences in order to detect any suspicious conditions in a motorized police vehicle and when necessary while on foot patrol.
3. Investigate suspicious conditions and complaints and make arrests of persons who violate the law.
4. Make traffic arrests and issue citations and warning citations to those who violate traffic laws, aid motorists and investigate traffic accidents.
5. Investigate, conduct or assist in the investigation of fires, accidents, rescues, hazardous materials and disorders in the unincorporated county and in any other community of Emmet County as necessary.
6. Conduct investigation of serious crimes and accidental deaths. Preserving the scene of the crime, interviewing victims, witnesses and suspects. Follow up on information and present cases for prosecution to the County Attorney's Office.
7. Serve warrants, subpoenas, legal papers and civil processes. Conduct and supervise evictions, conduct replevins and place liens as necessary.
8. Perform the duties of a jailer, including booking and processing of prisoners, fingerprinting, photographing, feeding, dispensing of medications to prisoners and tending to the medical needs of prisoners, screening of visitors and conducting visitation in the jail when necessary.
9. Overseeing the care and custody of prisoners and mental health patients, escorting prisoners from the jail to the courthouse or other institution as needed.

10. Appearing in court as the arresting officer or as a witness and required.
11. Responding to medical calls for service and providing first aid and CPR/AED as necessary.
12. Maintain order and security as needed in court proceedings.
13. Maintaining records and preparing reports; and
14. Performing all other related duties **as assigned**.

Knowledge, Abilities and Skills

The knowledge, abilities and skills required of Deputy Sheriff's include: knowledge of the Iowa Criminal Code and Rules of Civil Procedures, department policies and procedures, rules and regulations, the ability to communicate effectively with the general public, have the ability to perform under stressful situations, be capable to operate various equipment such as the Data Master, fingerprint equipment, photographic equipment and a computer. A deputy sheriff must also have the knowledge of how to properly gather, preserve and store evidence properly.

A Deputy Sheriff must be able to successfully complete the Iowa Law Enforcement Academy training as required by Iowa Law.

Necessary Special Requirements

The necessary special requirements for a Deputy Sheriff include: a valid State of Iowa Driver's License; the ability to obtain and maintain certifications in the following areas: CPR, First Aid, Weapons qualification, Data Master Operation, Radar Unit Operation, Jail Procedures and Medication Dispensing; and other training and certifications deemed necessary and appropriate by the Emmet County Sheriff.

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Authorization for Release of Personal Information

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to the Emmet County Sheriff's Office whether the said records are a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Emmet County Sheriff's Office. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for providing this information; and I do hereby release Emmet County and any and all agents or employees and the Emmet County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or copy of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information."

X _____

(Signature of Applicant and Date)

EMMET COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

(A)

Emmet County Iowa

Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

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 the county? YES ☐ NO ☐ If yes, when? _____

Do you have any relatives currently working for the county? YES ☐ NO ☐ If yes, describe relationship and position they hold. _____

Education

High School: _____ Address: _____

Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

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 ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Skills/Trainings/Certification

Below please list any other Trainings/Certifications/Endorsement/Skills that you have: (Example: CDL / First Aid / Computer Work)

Background Check Consent

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES ☐ NO ☐

By consent to a background check, I authorize the County to investigate and verify all statements in the application, and to contact and obtain information from all references, employers, educational institutions. I release the County and its representatives from all claims relating to information provided to the County as part of my application for employment.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that any material omission, or false or misleading information in my application or interview will be cause for denial of the application or dismissal from employment upon discovery.

Signature: _____ Date: _____

Emmet County considers applications for all positions without regard to race, color, religion, sex, gender identity, sexual orientation, national origin, age, marital or veteran status, disability, or other legally protected status. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the County.

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Qualified applicants are eligible to compete for all positions without regard to race, national origin, sex, creed, religion, age or marital status.

Notice: Application must be typewritten or clearly printed in ink. ALL questions must be answered and accompanying documents received PRIOR to processing. If not applicable, indicate NA (not applicable). If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

PERSONAL HISTORY

a. Name in full (last, first, middle)		b. Social Security Number	
c. List all other names you have used. Include nicknames, maiden name and previous married surname(s).		d. Have you ever applied with the Emmet Co. S.O. before? If so, when?	e. Email address and/or website
f. Birth date (month, day, year)	g. Place of birth	h. Are you a U.S. citizen? ☐ Yes ☐ No	
i. List all drivers license number(s) issued to you:		j. Current drivers license state of issue.	
k. List all states in which you have had a drivers license issued to you:		l. Are you currently certified by the Iowa Law Enforcement Academy? ☐ Yes ☐ No Date Certified: _____	
m. Have you ever been issued a passport? If so, please list passport number and locations traveled. Passport Number: _____ Locations Traveled: _____			

CONTACT INFORMATION

a. Current mailing address		Telephone Numbers:	
Street address/PO Box Apt. No.		Residence Phone Number: () _____	
City State Zip Code		Cell Phone Number: () _____	
b. Permanent address if different from above		Office or alternate Number: () _____	
Street address/PO Box Apt. No.			
City State Zip Code			

EDUCATION RECORD

SUBMIT BOTH HIGH SCHOOL AND COLLEGE TRANSCRIPTS WITH THIS APPLICATION.

*******APPLICATIONS WILL NOT BE PROCESSED WITHOUT TRANSCRIPTS*******

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	Graduated Yes/No
	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 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 address 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	Own/Rent
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 (past or present), i.e., spouse, significant other, ex-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 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

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 _____

g. Member of Reserve/National Guard

☐ Yes ☐ No

Date DD-214 Form Recorded _____ County _____ State _____

Service Branch _____

Provide a copy of your DD-214 with application.

Location _____

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

Nature of disciplinary action? _____

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. **Do not abbreviate.**

Organization Membership	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 in addition to jobs held as a teenager. ***Account for all time.*** If unemployed for a period of time, indicate and set forth dates of unemployment. If you do not recall the name of a supervisor, work address, etc, indicate such on the application.

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			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date		Telephone		Occupation			
c. Spouse/Significant Other (if wife, include maiden name)				Employer			
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 sisters, ex-spouse, in-laws)							
Name and Relationship				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date		Telephone		Occupation			
Name and Relationship				Employer			
Street address				Street Address			
City		State	Zip code	City		State	Zip code
Birth date		Telephone		Occupation			
Name and Relationship				Employer			
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		
Street address				Street Address		
City	State	Zip code	City	State	Zip code	
Birth date	Telephone		Occupation			

Name and Relationship				Employer		
Street address				Street Address		
City	State	Zip code	City	State	Zip code	
Birth date	Telephone		Occupation			

Do you have any relatives or friends currently employed with the Iowa Department of Public Safety? ☐ Yes ☐ No

Name: _____ Relationship: _____ Division: _____

Name: _____ Relationship: _____ Division: _____

Name: _____ Relationship: _____ Division: _____

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	

Writing assignment

In one page or less please tell the reader about yourself and why you believe that you are the most appropriate candidate for the position of deputy sheriff.

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UNDERSTANDING THE APPLICATION PROCEDURE

Your application will **NOT** be processed for a deputy sheriff position with the Emmet County Sheriff's Office unless **ALL** required items are submitted.

I WILL BE **REQUIRED TO RETURN THE FORM (A) AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND FORM (B) APPLICATION FOR EMPLOYMENT FOR THE EMMET COUNTY SHERIFF'S OFFICE ON OR BEFORE 4:00PM** Friday the week before testing **TO BE CONSIDERED FOR EMPLOYMENT.**

I further understand that I will be required to submit the **required items** below to the Emmet County Sheriff with my application. **Dates for the written and physical testing for the position of Deputy Sheriff will be communicated directly to the applicants.** Eligible candidates will be notified of the location of testing.

Required Items to be submitted

1. A completed Authorization for Release of Personal Information form. Form (A)
2. A completed Application Form. Form (B)
3. Completed Personal Information Forms Pages 1A-8A.
4. Copies of your High School diploma or GED.
5. Copies of College Transcripts and a copy of your diploma.
6. Certified Copy of your birth certificate.
7. Copy of your DD-214 if applicable.
8. Copy of your Iowa Law Enforcement Academy Certification (If applicable)
9. THIS ORIGINAL FORM THAT IS SIGNED AND DATED.

I understand that I must meet and maintain all minimum qualification standards, including physical requirements and personal conduct from the time my application is submitted through the end of the selection process.

I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE SUBSEQUENT TO EMPLOYMENT.

I understand that all submitted materials become the property of the Emmet County Sheriff's Office and will NOT be returned to me.

X _____
(Signature of the applicant and date)