

# **BUTLER COUNTY SHERIFF'S OFFICE** Jason S. Johnson, Sheriff

428 6th St. Box 345 Allison, Iowa 50602 Ph: 319-346-6621 Fax 877-857-0241

Application for employment as:	Deputy Sheriff	Jailer
r	Felecommunicator	Reserve Deputy

DATE: NOTICE:

Applications 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 the sheets to correspond with the questions.

#### PERSONAL HISTORY STATEMENT

FULL NAMEDOB_	
STREET ADDRESS	CITY & STATE/Zip
HOME PHONE:	_CELL PHONE:EMAIL ADDRESS:
ARE YOU A U.S. CITIZEN?	YESNO PLACE OF BIRTH

HAVE YOU TAKEN THE CIVIL SERVICE EXAMINATION BEFORE? YES NO
IF SO WHAT DATE?
WERE YOU EVER EMPLOYED BY BUTLER COUNTY?
IF SO, WHAT DEPARTMENT? DATES

## DO NOT WRITE IN THIS SPACE

WRITTEN	PHYSICAL	_AGILITY
POLYGRAPH	_PSYCHOLOGICAL	ORAL
INTERVIEWS WITH SHERIFF		

Smoking Ban Notice: Applicants for employment with Butler County are advised that smoking is banned by state law (Iowa Code 142D) on all county grounds and in all county facilities which includes motor vehicles and equipment. Applicants are further advised that their job duties may include entering into areas where smoking is not regulated and where smoking is occurring (Iowa Code Chapter 142D.6 (2).

## **EDUCATION RECORD**

Attach both high school and college transcripts to this application. Your application will not be processed without these transcripts. (Copies of transcripts are acceptable, certified copies will be required at the time of a final offer of employment)

		Dates		
Name and Address of School	From	То		
High School				

	Dates		Dates		Major	Degree
College or University	From	То				

List awards, honors, citations, positions held in school organizations, athletic endeavors and any other recognition you received while in school.

Any other training, degrees, certifications, workshops etc. that you might have had that would help in the position you are applying for?\_\_\_\_\_\_

List any type of office equipment (typewriters, computers, radios, Dictaphones etc.) that you have used and your skill level\_\_\_\_\_

Describe any physical disabilities which would hinder you in the performance of the position for
which you are applying:

Are you a Veteran? Yes\_\_\_\_ No\_\_\_\_

Are you currently Active as Full-Time Military, Reserves or National Guard? Yes No
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Have you ever been classified 1-Y (registrant qualified for military service only during time of
war or national emergency)? Yes No
If yes, state reason(s)
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Was any type of disciplinary action taken against you in the service?	Yes 1	No
If yes, state reason(s) and nature of action		

# **OPERATOR'S LICENSE**

Are you a licensed motor vehicle operator?	Yes	No
State		
Driver's license number		

Has your driver's license ever been suspended, revoked or denied in this or any other
State? Yes No
If yes, explain

# **COURT RECORD**

Have you ever been convicted of any violation, including traffic offenses, or have you ever been arrested for past due tickets? Yes\_\_\_\_ No\_\_\_\_

List all such matters even if you were not formally charged or there was no court appearance, including whether you were found guilty, and if the matter was settled by payment of fine or forfeiture of bond or collateral. Iowa information can be found at <a href="http://www.iowacourts.state.ia.us">http://www.iowacourts.state.ia.us</a>.

Date	Place	Charge	Disposition	Details
Are you w	villing to take a	polygraph examina	ation (lie detector) if requ	ested?
Yes	No If no,	explain.		
Are there	any additional	remarks that you w	ould like to make?	
	·····			
INFORM	ATION IN OR	SUPPLEMENTIN	EACH STATEMENT A G THIS APPLICATION	(PERSONAL AND

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

(Signature of Applicant)

Date:	/	/
D aco/		

EMPLOYMENT RECORD – Begin with present or most recent employer and continue for the past 15 years. Attach additional sheets if necessary.

Name and address of Employer		Phone
Job description		Title
Supervisor	Reason for leaving	
Dates Employed	Position	
Name and address of Employer		Phone
Job description		Title
Supervisor	Reason for leaving	
Dates Employed	Position	
Name and address of Employer		Phone
Job description		Title
Supervisor	Reason for leaving	
Dates Employed	Position	
Name and address of Employer		Phone
Job description		Title
Supervisor	Reason for leaving	
Dates Employed	Position	

REFERENCES: List the name, address, and phone of three references: Do Not List Relatives.

Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code
Name		Phone	
Address	City	State	Zip Code

## LIST ANY COMMENTS OR REFERENCES YOU DO NOT WANT CONTACTED:

### CERTIFICATION OF APPLICANT: READ CAREFULLY.

I hereby certify that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, I will be dismissed for the job (if hired) and I will be disqualified from applying in the future for any position with the Butler County Sheriff's Office. I further authorize the Butler County Sheriff's Office to make all necessary and appropriate investigations to verify the information contained herein.

Date	SIGNATURE OF APPLICANT			
Return Application to:	Jason S. Johnson			
	Butler County Sheriff			
	P.O. Box 345			
	Allison, IA 50602			
jjohnson@butlercounty.iow	a.org			

# BUTLER COUNTY SHERIFF'S OFFICE QUALIFICATION FOR DEPUTY SHERIFF

## **DEPUTY SHERIFF**

In no case shall a Deputy Sheriff be appointed unless the person meets the following requirements:

- 1) Is a citizen of the United States and a resident of Iowa or intends to become a resident upon being employed.
- 2) Is at least eighteen years of age at the time of appointment.
- 3) Has a valid driver's, chauffeur's license, or CDL issued by the State of Iowa.
- 4) Is not addicted to drugs or alcohol.
- 5) Is of good moral character as determined by a thorough background investigation including a fingerprint search conducted of local, state and national fingerprint files and has not been convicted of a felony or a crime involving moral turpitude. Moral turpitude is defined as an act of baseness, vileness or depravity in the private and social duties which a person owes to another person or to society in general, contrary to the accepted and customary rule of right and duty between person and person. If it is conduct that is contrary to justice, honesty or good morals, the following nonexclusive list of acts has been held by the courts to involve moral turpitude: Income tax evasion, perjury, or its subornation, theft, indecent exposure, sex crimes, conspiracy to commit a crime, defrauding the government, and illegal drug sales. Various factors, however, may cause an offense, which is generally not regarded as constituting moral turpitude to be regarded as such. For example a record of a number of convictions for simple assault would involve moral turpitude, whereas a singular act would not. This will be determined by background check and a criminal history check with fingerprints.
- 6) Has successfully passed a physical test adopted by the Iowa Law Enforcement Academy.
- 7) Is not by reason of conscience or belief opposed to the use of force, when necessary to fulfill that person's duties.
- 8) Is a high school graduate with at least two years of post secondary education, military service or prior experience.

- 9) Has uncorrected vision of not less that 20/100 in both eyes, corrected to 20/20. Has color vision consistent with the occupational demands of law enforcement. Passing any of the following color vision tests indicates that the applicant has color vision abilities consistent with the occupational demands of law enforcement: Pseudoisochromatic plates tests such as but not limited to: Tokyo Medical College, Ishihara, Standard Pseudoisochromatic Plates, Dvorine, American optical HRR plates, American Optical. Panel test such as: Farnsworth Dichotomous D-15 test or any other test designed and documented to identify extreme anomalous trichromatic, dichromatic or monochromatic color vision. Individuals with extreme anomalous trichromatism or Monochromasy color vision, as determined through testing, are not eligible to be hired as law enforcement officers in the State of Iowa.
- 10) Has normal hearing in each ear. Hearing is considered normal when, tested by an audiometer, hearing sensitivity thresholds are within 25db measured at 1000Hz, 2000Hz and 3000Hz average together.
- 11) Is examined by a licensed physician or surgeon and meets the physical requirements necessary to fulfill the responsibilities of a law enforcement officer.
- 12) In no case shall any person be selected or appointed as a Deputy Sheriff unless that person has performed satisfactorily in pre-employment cognitive or personality tests, or both prescribed by the Iowa Law Enforcement Academy.
- 13) Applicants for a Deputy Sheriff shall take the Entry Level Department Selection Procedure, supplied by the Iowa Law Enforcement Academy. A Minimum score of eighty (80) shall be required for employment.
- 14) The Minnesota Multiphasic Personality Inventory (MMPI) test, or a similar test approved by the Iowa Law Enforcement Academy, shall be taken before employment as a Deputy Sheriff.

Test will be conducted on Thursday, November 16, 2023 at the Courthouse in Allison. All applicants must test. Physical testing will commence at 16:00 Hours.

Applications should be returned to the Butler County Sheriff's Office by November 3, 2023 no later than Noon.

Any questions contact Sheriff Jason S. Johnson 319-346-6621

Test MALES AGE	20-29	30-39	40-49	50-59	60+
Sit & Reach	16.5	15.5	14.3	13.3	12.5
1 minute sit up	38	35	29	24	19
l minute push up	29	24	18	13	10
1.5 mile run	12:51	13:36	14:29	15:26	16:43

# Minimal physical fitness performance requirements chart

Test FEMALES AGE	20-29	30-39	40-49	50-59	60+
Sit & Reach	19.3	18.3	17.3	16.8	15.5
l minute sit up	32	25	20	14	6
l minute push up	15	11	9	*12	*5
1.5 mile run	15:26	15:57	16:58	17:54	18:44

\*Females in excess of 49 years of age may do push ups on their knees. Normative data for these age groups have not been established.

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