



**Iowa State Fair Department of Public Safety**  
**3000 East Grand Avenue**  
**Des Moines, Iowa 50317**  
**515-262-3111 ext. 226**

AN EQUAL OPPORTUNITY EMPLOYER

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

***APPLICATION FOR PEACE OFFICER EMPLOYMENT***

**Notice: Application must be computer generated, 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 the application and number answers to correspond with questions.

CHECK POSITION(S) APPLIED FOR. YOU MAY APPLY FOR MORE THAN ONE POSITION.

PLEASE INDICATE YOUR PREFERENCE BY MARKING FIRST CHOICE, SECOND CHOICE OR THIRD CHOICE.

- Peace Officer (Patrolman)
- Part Time Peace Officer
- Reserve Peace Officer
- Other

**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 previously applied with the Iowa State Fair Department of Public Safety? If yes, specify dates.	e. E-Mail Address
f. Birth date (month, day, year)		g. Place of birth	h. Are you are U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
i. Driver's license number		j. Current driver's license state of issue	
k. List all states in which you have had a driver's license issued to you:		l. Are you currently certified by the Iowa Law Enforcement Academy?  <input type="checkbox"/> Yes <input type="checkbox"/> No    Date Certified: _____ MO/DAY/YEAR	

**CONTACT INFORMATION**

a. Current mailing address			To schedule appointments we will need the following telephone numbers:  Residence:  (    ) _____
_____	_____	_____	
Street address/P.O. Box	City	State	Apt. no.
_____	_____	_____	Zip Code
City	State	_____	_____
b. Permanent address if different from above			Office or alternate #:  (    ) _____
_____	_____	_____	
Street address/P.O. Box	City	State	Apt. no.
_____	_____	_____	Zip Code
City	State	_____	_____



# EDUCATION RECORD

**High School:** Circle highest grade completed 8 9 IO 11 12 High school diploma or equivalent (GED)? es o

Name	Address	Dates Attended		Date Graduated
		From	To	

**College/University:** Circle highest grade completed 1 2 3 4 5 6 or more

Name of School and Location	Dates Attended		Credit Received		Field of Study of Area of Concentration		Type of Degree Obtained
	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 scholastic 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 last 10 years (include addresses 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
From	To					

# FINANCIAL RECORDS

- a. What is the amount of your monthly financial obligations? \_\_\_\_\_
- b. Are monthly financial obligations kept current?  
If no, explain: \_\_\_\_\_
- c. Do you have any sources of income other than your salary?  
If no, 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, i.e. 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

\_\_\_\_\_

Been inducted into any branch of the Armed Forces?  Yes  No

**If yes, complete sections b-h**

Served on active duty in 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
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f. Type of discharge _____ Date DD-214 _____ From recorded _____ County _____ State _____ <b>Provide a copy of your DD-214 with application.</b>	g. Member of Reserve/National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Service Branch _____ Location _____
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h. Was any type of disciplinary action taken against you in the service?  Yes  No

Nature of disciplinary action? \_\_\_\_\_

## ORGANIZATION MEMBERSHIP (Optional)

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	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, ck., 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	

# 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 (    )

# Iowa State Fair Department of Public Safety



## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Iowa State Fair Department of Public Safety, whether the said records are of 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 Iowa State Fair Department of Public Safety. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Iowa State Fair Department of Public Safety 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 UPPLEMENTING 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.**

A photocopy and/or fax 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 the "Authorization for Release of Personal Information".*

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(Signature of Applicant)

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(Date)

*The Iowa State Fair Department of Public Safety is an equal opportunity employer.*

# INDEMNITY AGREEMENT

The undersigned candidate for the **Iowa State Fair Department of Public Safety** for the **Iowa State Fair** hereby covenants and agrees to indemnify and hold harmless \_\_\_\_\_ and the **Iowa State Fair** of and from any and all claims, demands and causes of action arising out of any accident or injuries which may be sustained on the premises of \_\_\_\_\_ by the undersigned while participating in the Iowa Law Enforcement Fitness Test. Including, but not limited to, personal injuries or property damages, whether said claims, damages and causes of action are contractual, tortuous or otherwise.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Witness \_\_\_\_\_



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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 Iowa State Fair Department of Public Safety. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Iowa State Fair Department of Public Safety from any and all liability which may be incurred as a result of collecting such information.

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