

# Muscatine County Sheriff's Patrol



## Application for Membership

**CONFIDENTIAL**

### Background Investigation Form

All questions must be answered in full. Resumes will not be accepted in place of completing this form but may be attached, if desired. False statements or misrepresentation on this application shall be considered grounds for disqualification, discipline, or rejection. Do not apply unless you meet all requirements. If you do not meet these requirements, your application will be rejected and your time and effort in filling it out will have been wasted. The Muscatine County Sheriff's Patrol does not discriminate in making volunteer appointments on the basis of sex, age, race, color, religious creed, marital status, national origin, ancestry, and/or physical or mental disability unrelated to the ability to perform the work required.

#### 1. PERSONAL HISTORY

Name (Last, First, Middle)	
Social Security Number	
Date of Birth:	Place of Birth:
List any and all names you have used, including nicknames, maiden names, previous names, etc.	

#### 2. RESIDENCES

Present Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address if Different:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Past Residences: List chronologically all your residences in the past 5 years. Include addresses while attending school if away from home, and military address including dates.

1.	Street _____	City _____	State _____	Zipcode _____	Dates _____
2.	Street _____	City _____	State _____	Zipcode _____	Dates _____
3.	Street _____	City _____	State _____	Zipcode _____	Dates _____
4.	Street _____	City _____	State _____	Zipcode _____	Dates _____
5.	Street _____	City _____	State _____	Zipcode _____	Dates _____

**3. EDUCATION** (Iowa Law requires that a reserve officer have completed High School or have a GED. Please provide documentation upon returning this application.)

Are you a high school graduate or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No GED: _____			
Names of educational institutions attended	Location	Degree/Major	Year Graduated
List any special training (vocational school, short courses, special seminars, business schools, workshops, etc.), that you have completed and show dates of each.			

Were you ever dismissed from school, or was any disciplinary action ever taken against you during your scholastic career? If yes please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school: \_\_\_\_\_  
 \_\_\_\_\_

List any special abilities, interests, or hobbies with a degree of proficiency: \_\_\_\_\_  
 \_\_\_\_\_

List any special skills you may have in the operation of machinery, equipment, office machines, etc., which you are able to operate in a competent manner.

Are you bi-lingual, please indicate the language, and your level or ability to communicate in that language: \_\_\_\_\_  
 \_\_\_\_\_

If job description requires a Chauffeur's Permit or Commercial Driver's License, do you have or would you be able to obtain such a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a valid driver's license in the State of Iowa? \_\_\_\_\_

Type of License, and Operator's license number: \_\_\_\_\_

List any specialized vocational or unique training or experiences you feel may assist you in the position applied for:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate any type of special license such as pilot, radio operator, etc. Show license authority, where is was issued and expiration date: \_\_\_\_\_

**4. COURT AND TRAFFIC RECORD**

Have you ever been arrested for domestic violence in the State of Iowa or any other state? \_\_\_\_\_  
Have you ever been convicted of domestic violence in this or any other state: \_\_\_\_\_  
Have you ever been arrested or convicted for a felony in this state or any other state? \_\_\_\_\_  
Have you ever been arrested or convicted for a misdemeanor crime in this or any other state? \_\_\_\_\_  
Have you ever been issued a traffic citation (other than parking tickets)? \_\_\_\_\_  
Has your driver's license ever been suspended, revoked, barred, or cancelled? \_\_\_\_\_  
If you answered "yes" to any of the above questions please provide the crime charged, date, and agency making the charge, also indicate the outcome, (convicted, dismissed, etc).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your spouse ever been arrested and/or convicted of a felony or misdemeanor crime in this or any other state?  
If yes provide details: \_\_\_\_\_

List any automobile accidents that you have been involved in within the last 5 years. Provide location, dates, and circumstances) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. ORGANIZATION MEMBERSHIP**

List all clubs, societies, and any other organizations of which you are or have been a member, including dates of membership, place, and position held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. MILITARY RECORD**

Are you a veteran of the United States Military Service?     Yes             No  
Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ Year of Discharge: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_  
List any type of disciplinary action taken against you while in the service: \_\_\_\_\_  
\_\_\_\_\_



5. \_\_\_\_\_  
Name of employer Supervisor's name, title, phone number

\_\_\_\_\_  
Address of last employer Type of Business Starting Date Ending Date

\_\_\_\_\_  
Your Job Title Reason for Leaving Full-time  Part-time  Hours per week

\_\_\_\_\_  
Description of duties and responsibilities

6. \_\_\_\_\_  
Name of employer Supervisor's name, title, phone number

\_\_\_\_\_  
Address of last employer Type of Business Starting Date Ending Date

\_\_\_\_\_  
Your Job Title Reason for Leaving Full-time  Part-time  Hours per week

\_\_\_\_\_  
Description of duties and responsibilities

7. \_\_\_\_\_  
Name of employer Supervisor's name, title, phone number

\_\_\_\_\_  
Address of last employer Type of Business Starting Date Ending Date

\_\_\_\_\_  
Your Job Title Reason for Leaving Full-time  Part-time  Hours per week

\_\_\_\_\_  
Description of duties and responsibilities

Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment position held? If yes explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. FAMILY HISTORY/RELATIVES**

All applicants must give complete information requested concerning their relatives. If you are engaged to be married, or are contemplating marriage in the near future, complete the information in the spouse section. Please use complete names and addresses.

Father: \_\_\_\_\_ Address \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother: \_\_\_\_\_ Address \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse: \_\_\_\_\_ Address \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Child: \_\_\_\_\_ Address \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Child: \_\_\_\_\_ Address \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Sibling: \_\_\_\_\_ Address \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Sibling: \_\_\_\_\_ Address \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

List friends or relatives presently employed by Muscatine County Sheriff's Office or who are members of the Muscatine County Sheriff's Patrol:

List Name: \_\_\_\_\_ Department: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

List Name: \_\_\_\_\_ Department: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**9. REFERENCES-**Give three references, not relatives, who have known you well for atleast 5 years. Do not list employees of the Muscatine County Sheriff's Office or Sheriff's Patrol members as references.)

Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

**Give three social acquaintances in your own age group, including male and/or female:**

Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Complete Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_



I hereby authorize the Muscatine County Sheriff's Office to contact former employers and references, and any persons that they deem necessary to obtain information about my work history, and do a complete and thorough background investigation. I give consent to take a pre-membership physical, and mental evaluation, and such future physical/mental examinations as may be requested of me at my own expense, and I agree that the examining physician may disclose the findings to the Muscatine County Sheriff's Office.

I hereby acknowledge my complete understanding that this law enforcement assignment I am requesting carries with it the requirement that I will without question, obey and execute to the best of my ability the legal orders of those designated to supervise and command my activities, that I must completed all training courses to the best of my ability, that any violation or disregard of the rules and regulations of this organization will be cause for disciplinary action or dismissal. Furthermore, I understand that any false statement intentionally made on this application disqualifies me for membership.

**An applicant to become a reserve peace officer for Muscatine County, MUST meet the requirements as set by Iowa Code Chapter 80D, and by the requirements as set by the Muscatine County Sheriff. A reserve officer must be a citizen of the United States and a resident of Iowa. To become a reserve peace officer for Muscatine County, you must be atleast 21 years of age. You must also have a valid driver's license or chauffeurs license. You must be insurable by Muscatine County.**

**You cannot be addicted to drugs or alcohol.**

**You must be of good moral character and pass a background investigation. You cannot have been convicted of any felony crimes. The following is a nonexclusive list of acts that have been held by the courts to involve moral turpitude: tax evasion, perjury, insubordination, theft, indecent exposure, sex crimes, conspiracy, defrauding the government, drug offenses, assault, domestic abuse, stalking, or any offense involving a weapon. Various factors may cause an offense which is generally not regarded as moral turpitude to be regarded as such.**

**You must, by reason of conscience or belief, not be opposed to use force when necessary to effect and arrest or preserve a life from serious injury or death.**

**You must have a high school diploma or GED. You must have 20/20 corrected vision, 20/100 uncorrected and normal color vision, under Iowa Code 80D. You must have hearing corrected to normal hearing standards, under Iowa code 80B. You must meet the weapons certification requirements as set by Iowa code 80D.**

(BY SIGNING THIS FORM I CERTIFY UNDER PENALTY OF PERJURY AND PURSUANT TO THE LAW OF THE STATE OF IOWA THAT THE PRECEEDING APPLICATION INFORMATION IS TRUE AND CORRECT.)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary: \_\_\_\_\_

**APPLICANT: DO NOT MARK BELOW THIS LINE: FOR INTERNAL OFFICE USE ONLY**

Distributed By: \_\_\_\_\_ Date: \_\_\_\_\_

Member Endorsement: \_\_\_\_\_ Date: \_\_\_\_\_

Member Endorsement: \_\_\_\_\_ Date: \_\_\_\_\_

Note: An application that is forwarded to the criminal investigation division will be rejected, unless three valid signatures appear above. Do not distribute forms to individuals that you do not believe will meet Sheriff's Patrol requirements.

Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Deputy: \_\_\_\_\_ Date: \_\_\_\_\_

Sheriff: \_\_\_\_\_ Date: \_\_\_\_\_