



Employment Application

Delaware County

The position I am applying for is: _____

 Last Name First Name Middle Name

 Address Street City State ZIP Code

 Telephone Number Email Address

 Driver's License Number Do you possess a Class A Commercial Driver License (CDL)
 Yes No

List additional names you have used: _____

Please list an additional phone number where we can leave a message:

Name: _____ Relationship: _____ Number: _____

How did you learn about this employment opportunity?

Newspaper Job Service Friend Walk-in Website Education Institution Employee Other

Please be sure to answer all items completely and accurately.

Type of work you would accept: Full time Part time Seasonal Temporary

What date would you be available for work? _____

Have you ever filed an application with us before? Yes No If yes, Month/Year: _____

Have you ever been employed with us before? Yes No If yes, In what capacity? _____

From: _____ To: _____ Reason for Leaving: _____

What is the minimum salary that you would accept? _____

Do you have any relatives currently employed by us? Yes No

If yes, state the name, relationship and department in which they are employed. _____

Are you legally eligible to be employed in the U.S.? Yes No (Proof of identity and eligibility will be

Are you a veteran of the U.S. Armed Forces? Yes No required upon employment)

Dates of military service: _____ Branch: _____

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

If so, please indicate the nature of the offense, date, state and disposition. _____

(A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying)

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree If Applicable, please include Professional License or Registry Number			
Course of Study			

Describe any skills, specialized training, apprenticeship, and applicable extra-curricular activities.

List equipment and computer software you can operate.

List construction equipment previously operated if applicable to the position.

Employment Experience

List previous 10 years of employment. Start with your present or last job. Add another sheet if necessary.

May we contact your current employer(s)? Yes No

1. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor	Reason for leaving	

2. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor	Reason for leaving	

3. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor	Reason for leaving	

4. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor	Reason for leaving	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision.

I hereby acknowledge that any employment relationship with Delaware County is of an At-Will nature, which means that the employee may resign at any time and that Delaware County may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Delaware County constitutes an employment contract unless a specific document to that effect is executed by Delaware County and be in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Delaware County cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

It is the policy of Delaware County to provide equal treatment to all Delaware County employees and applicants for Delaware County employment without regard to race, color, religion, political affiliation, creed, sex, sexual orientation, gender identity, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

Individuals in need of special accommodations are asked to notify our office in advance.



Addenda to job application Veteran Status

This portion is required to be submitted with each application by Iowa Code Chapter 35C

Name of Applicant: _____

1. Are you a United States citizen? ___Yes ___ No
2. Are you a citizen and resident of the State of Iowa? ___Yes ___No
3. Are you an honorably discharged veteran from the military or naval forces of the United States in any war in which the United States has been engaged, including the Korean Conflict at any time between June 25, 1950 and January 31, 1955, both dates inclusive, the Vietnam Conflict beginning August 5, 1964, and ending on May 7, 1975, both dates inclusive, and the Persian Gulf Conflict beginning August 2, 1990, or the current conflicts in Iraq or Afghanistan? ___Yes ___No
4. Did you receive an honorable discharge? ___Yes ___No
5. If the answer to questions 1, 2, 3, and 4 is yes, please complete the following:
 - a. In which war did you serve?
 - b. In which branch of the military did you serve?
 - c. When did you enter the military? (Month, day, year):
 - d. When were you discharged from the military? (Month, day, year):
 - e. Please attach a copy of your DD214 to this job application.

The above information is true and correct.

Signature of Applicant



Authorization for Criminal, Child and Adult Record Check

* **Name:**

* **Social Security Number:**

* **Date of Birth:**

* **Driver's License Number:**

* **Driver's License State of Issue:**

* *Required Information*

I, _____, do hereby authorize Delaware County representative to conduct an Iowa criminal history and Dependent Adult and Child Abuse registry check with the Division of Criminal Investigation.

Signature: _____

Date: _____



IOWA LAW ENFORCEMENT ACADEMY

PHYSICAL TESTING STANDARDS

The Iowa Law Enforcement Academy Council, in recognizing the importance of physical fitness in job performance, established the physical test regimen as a pre-employment standard effective February 15, 1993. Provisions were modified and effective August 6, 2020.

No person can be selected or appointed as a law enforcement officer without first successfully passing all of the elements of this test, as prescribed in 501 IAC 2.1(6), adopted pursuant to Section 80B 11(5), Code of Iowa)

Upon entry into the Academy, every recruit will be given the same test as an assessment for training purposes and to ensure that each recruit can undergo the physical demands of the Academy without undue risk of injury. If, at the time of entrance to the Academy, an officer does not meet minimum standards, he or she will not be admitted.

The physical fitness test established by the Council consists of three events:

1. 1 Minute Push-Up Test

The push-up event measures the endurance of the chest, shoulder, and triceps muscles. Recruits will have one minute in which to do as many push-ups as they can.

2. 1 Minute Sit-Up Test

The sit-up event measures the endurance of the abdominal and hip-flexor muscles. Recruits will have one minute to perform as many sit-ups as they can.

3. 1.5 Mile Run

The 1.5mile run is used to assess your aerobic fitness and your leg muscles' endurance. They must complete the run without any physical help. They are being tested on their ability to complete the course in the shortest time possible. Although walking is authorized, it is strongly discouraged.

STANDARDS

All recruits are required to meet the standards of the 40th percentile for each age and sex group.

Event	Age Group Repetitions/ Run Time									
	M	F	M	F	M	F	M	F	M	F
	<20-29	<20-29	30-39	30-39	40-49	40-49	50-59	50-59	60-65	60-65
PU	29	15	24	11	18	9	13	12*	10	5*
SU	38	32	35	25	29	20	24	14	19	6
1.5M Run	12:51	15:26	13:36	15:57	14:29	16:58	15:26	17:54	16:43	18:44
*Females in excess of 49 years of age may conduct pushups on their knees.										



IOWA LAW ENFORCEMENT ACADEMY

PHYSICAL TESTING STANDARDS

TEST ADMINISTRATION

At the beginning of each physical test, the grader will provide the following directions:

1 Minute Push-Up Test

On the command 'get set,' assume the front leaning rest position by placing your hands where they are comfortable. Your feet may be together or up to 12 inches apart. When viewed from the side, your body will form a generally straight line from your shoulders to your ankles. On the command 'go,' begin the push-up by bending your elbows and lowering your entire body as a single unit until your upper arms are parallel to the ground. Then, return to the starting position by raising your entire body until your arms are fully extended. Your body must remain rigid in a generally straight line and move as a unit while performing each repetition. If you fail to keep your body generally straight, to lower your whole body until your upper arms are parallel to the ground, or to extend your arms completely, that repetition will not count, and the scorer will repeat the number of the last correctly performed repetition.

An altered, front-leaning rest position is the only authorized rest position. That is, you may sag in the middle or flex your back. When flexing your back, you may bend your knees, but not to such an extent that you are supporting most of your body weight with your legs. You must return to, and pause in, the correct starting position before continuing. You may not rest on the ground or raise either hand or foot from the ground. You may reposition your hands and/or feet during the event as long as they remain in contact with the ground at all times. You will have one minute in which to do as many push-ups as you can. Watch this demonstration.

1 Minute Sit-Up Test

The sit-up event measures the endurance of the abdominal and hip-flexor muscles. On the command "get set", assume the starting position by lying on your back with your knees bent at a 90-degree angle. Your feet may be together or up to 12 inches apart. Another person, or object, will hold your feet or ankles. The heel is the only part of your foot that must stay in contact with the ground. Hands must remain on or about the head. On the command "go", begin raising your upper body to the up position. In the up position, elbows should touch the knees or the upper portion of the thigh. In the down position, the back must come down so that shoulder blades touch the floor. Your arms and elbows need not touch the ground. A repetition will not count if you fail to reach the up position, fail to keep your hands on your head, arch or bow your back and raise your buttocks off the ground to raise your upper body, or let your knees exceed a 90-degree angle. If a repetition does not count, the scorer will repeat the number of your last correctly performed sit-up. The up position is the only authorized rest position. You may not stop and rest in the down position. You must make a continuous physical effort to sit up. You may not use your hands or any other means to pull or push yourself up to the up position or to hold yourself in the up position to rest. You will have one minute to perform as many sit-ups as you can. Watch this demonstration.

1.5 Mile Run

The 1.5mile run is used to assess your aerobic fitness and your leg muscles' endurance. You must complete the run without any physical help. At the start, line up behind the starting line. On the command 'go,' the clock will start. You will begin running at your own pace. To run the required 1.5miles, you must complete (describe the number of laps, start and finish points, etc.). You are being tested on your ability to complete the course in the shortest time possible. Although walking is authorized, it is strongly discouraged. You may not be physically helped in any way (for example, pulled, pushed, picked up, and/or carried) or leave the designated running course for any reason. Note: It is legal to pace during the run as long as there is no physical contact and it does not physically hinder others taking the test.