



Dear Applicant:

Thank you for your interest in the position of Deputy Sheriff with the Polk County Sheriff's Office.

To be eligible to take the physical and written examinations on **Saturday, June 8, 2024** the following must be completed and returned to the Polk County Sheriff's Office, Administration Division on or before **Friday, May 17, 2024 at 3:00 p.m.**

- Application

In addition you must submit the following documents with the completed application:

- Copy of diploma from the highest level of education completed
- Copy of your transcripts from the highest level of education completed (high school/equivalent or college)
- Resume
- Military DD 214 (if applicable)

Qualifying certified Iowa law enforcement officers according to Iowa Code 501.2.3(80B) will not be required to attend the physical and written examination. Applicants will be notified if they qualify after submitting the application and required documents.

The application packet and required documents must be submitted before the deadline to:

jaibre.osberg@polkcountyiowa.gov

OR

Polk County Sheriff's Office Administration Division
ATTN: Jaibre Osberg
5995 NE 14th Street
Des Moines, IA 50313

Preferred method of delivery is email to avoid any processing delays.

Should you have further questions, please contact Jaibre Osberg, Polk County Sheriff's Office at (515) 286-2087.

Thank you,

Polk County Sheriff's Office

POLK COUNTY SHERIFF'S OFFICE



Application for Civil Service Law Enforcement Employment

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 N/A (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size to this application and number the sheets to correspond with the questions.

I. PERSONAL HISTORY STATEMENT

Form section I containing fields for Full Name (Last, First, Middle), Driver's License #, Street Address, Home Phone, City, State, Zip Code, Cell Phone, Gender (Male/Female), Date of Birth, Age, Race, Social Security Number, Place of Birth, and Citizenship status.

Form section II containing questions: 'Have you taken the Civil Service Examination before?' and 'Were you ever employed by Polk County?' with Yes/No options and date fields.

"An Equal Opportunity Employer"

*Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status, or mental or physical disability. No question on this application is intended to secure information to be used for such discrimination.

Return this application to:

Polk County Sheriff's Office Administration Division
ATTN: Jaibre Osberg
5995 NE 14th Street
Des Moines, IA 50313

OR

jaibre.osberg@polkcountyiowa.gov

III. EDUCATION RECORD

High School - Name and Address of School	Date From	Date to

College or University	Date From	Date To	Major	Degree

Other education, training, or special skills you possess:

If you are working on a degree, please give the anticipated completion date: _____

Type of degree: _____ Name of Institution: _____

Were you ever dismissed from a school, or was any disciplinary action taken against you, including scholastic probation? Yes No

If yes:

Name of school: _____ Date: _____

Type of action: _____

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

IV. ORGANIZATION MEMBERSHIP

Are you now, or have you ever been, a member of any club, society, or organization? Yes No
If yes, please list them below, do not abbreviate.

Name and Address	Type (Social, Fraternal, Professional, etc.)	Office Held	Date From	Date To

V. REFERENCES

Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, who have known you for at least five (5) years, preferably those who have known you during the past five (5) years. If retired, please give their former occupation.

1. Complete Name: _____ Addresses _____
 Residence: _____
 Business: _____
 # Yrs. Acquainted ____ Occupation _____ Telephone: (_____) _____

2. Complete Name: _____ Residence: _____
 Business: _____
 # Yrs. Acquainted ____ Occupation _____ Telephone: (_____) _____

3. Complete Name: _____ Residence: _____
 Business: _____
 # Yrs. Acquainted ____ Occupation _____ Telephone: (_____) _____

List three (3) social acquaintances in your own age group:

1. Complete Name: _____ Residence: _____

Business: _____

Yrs. Acquainted _____ Occupation _____ Telephone: (_____) _____

2. Complete Name: _____ Residence: _____

Business: _____

Yrs. Acquainted _____ Occupation _____ Telephone: (_____) _____

3. Complete Name: _____ Residence: _____

Business: _____

Yrs. Acquainted _____ Occupation _____ Telephone: (_____) _____

VI. EMPLOYMENT

List chronologically all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period of time, indicate by setting forth the dates of unemployment.

Name and Address of Employer	Date From	Date To	Salary	Position and kind of work	Supervisor	Reason for leaving
Name _____ Address _____ City/State _____ Telephone _____						
Name _____ Address _____ City/State _____ Telephone _____						
Name _____ Address _____ City/State _____ Telephone _____						
Name _____ Address _____ City/State _____ Telephone _____						

Name _____ Address _____ City/State _____ Telephone _____						
Name _____ Address _____ City/State _____ Telephone _____						
Name _____ Address _____ City/State _____ Telephone _____						
Name _____ Address _____ City/State _____ Telephone _____						

VII. MILITARY RECORD

Have you registered with Selective Service, if applicable? Yes No

Have you ever served on active duty in the Armed Forces of the United States? Yes No

Highest rank attained: _____

Branch of military service: _____ Serial Number: _____

Dates of Active Duty: From ____ / ____ / ____ To ____ / ____ / ____

Type of discharge: _____

Date DD-214 form was recorded: ____ / ____ / ____ County: _____ State: _____

(Provide a copy of your DD-214)

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

If yes, state the reason(s) and nature of action(s):

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):

VIII. OPERATOR'S LICENSE

Are you a licensed motor vehicle operator? Yes No If yes, list the state(s) you are licensed in:

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:

IX. COURT RECORD

Have you ever been arrested or charged with 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).

Date	Place	Charge	Disposition	Details

Has any member of your immediate family, i.e. spouse, brothers, sisters, or children ever been a plaintiff or defendant in any civil or criminal court action?

Name	Relation	Charge	Date	Disposition

Have you ever been a plaintiff or defendant in any court action (including divorce)? Yes No

If yes, explain by furnishing dates, place, court, names of parties involved, nature of action, and final disposition:

X. RELATIVES

Please use complete names, including middle name (no initials) and complete these addresses:

Father _____ Business Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

Mother _____ Business Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

Child _____ Business Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

Child _____ Business Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

Child _____ Business Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

Brother _____ Business Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

Brother _____ Business Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Brother _____ Business Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Sister _____ Business Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Sister _____ Business Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Sister _____ Business Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Other relatives with whom you have resided for an extended period of time (indicate relation):

Name _____ Business Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Birth Date _____ Telephone _____ Telephone _____

Name _____ Business Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Birth Date _____ Telephone _____ Telephone _____

Name _____ Business Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Birth Date _____ Telephone _____ Telephone _____

Name _____ Business Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Birth Date _____ Telephone _____ Telephone _____

XI. APPLICANT MISCELLANEOUS DATA

Conviction Record

Have you ever been convicted of any crime? Yes No

List all convictions below, including date, location, charge, and disposition:

Date	County/State	Charge	Disposition

Are you currently a certified Peace Officer? Yes No List state: _____
Date Certified: _____

Have you recently completed the POST? Yes No
If so, what date? ____/____/____ Testing Agency: _____
Pass Fail

Have you recently completed the physical fitness test? Yes No
If so, what date? ____/____/____ Testing Agency: _____
Pass Fail

Have you recently completed the MMPI? Yes No
If so, what date? ____/____/____ Testing Agency: _____

Supplemental Application Materials

To be eligible to take the physical fitness test and written examination you must submit the below documents with your completed application packet.

Have you attached a copy of your resume to the application packet? Yes

Have you attached a copy of your diploma from the highest level of education completed? Yes

Have you attached a copy of your transcripts from the highest level of education completed? Yes
In order to receive education points in the testing process for college credits, you must submit all transcripts. If no transcripts are submitted no points will be awarded.

Have you attached a copy of your DD214 to the application packet? Yes No Military Service

How did you learn about this career opportunity?

- | | | |
|----------------------------|--------------------------|-----------|
| Advertisement/Newspaper | Agency/Job Service | Billboard |
| College/Campus Recruitment | County Employee | Facebook |
| Governmentjobs.com | Instagram | ISSDA |
| Job Fair/Open House | JoinPCSO.com | LinkedIn |
| NOBLE | Sheriff's Office Website | Walk-In |
| Other: _____ | | |

Are there any incidents in your life not mentioned herein which may reflect on your ability to perform the duties which you may be called upon to undertake? Yes No

If yes, please explain:

Are you willing to take a polygraph examination (lie detector) which is required of all applicants?

Yes No

If no, please explain:

Are there any additional remarks you would like to make?

I, hereby swear and affirm that each statement and all 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: ____/____/____

The Polk County Sheriff's Office is an Equal Opportunity Employer.



Accredited by the American Correctional Association

Polk County Civil Service Commission

James B. Brown Commissioner • Bill Hansen Commissioner • Deb Leonard Commissioner

5995 NE 14th St.
Des Moines, IA 50313

Deputy Sheriff's Schedule of Examinations

1. Physical Fitness Test: June 8, 2024

To be eligible to take this examination, you must bring the following documents with you:

- Driver's License
- Certified birth certificate (copies are not accepted, it must be the original document)
- Proof of U.S. Citizenship if born outside of the U.S. (copies are not accepted, it must be the original document)

2. Written Examination: June 8, 2024 following the conclusion of the physical fitness test.

To be eligible to take this examination, you must bring the following documents with you:

- Driver's License

The following examinations will be scheduled and you will be notified of the dates:

3. Polygraph
4. Background Check
5. MMPI Psychological Examination
6. Clinical interview with psychologist to discuss results of the MMPI
7. Physical
8. Fingerprinted
9. Oral Interview with the Polk County Civil Service Commission
10. Oral Interview with the Polk County Sheriff's Office Command Staff

Please be advised that this testing process may take six months or longer and the Polk County Civil Service Commission will determine the order of the examinations.

If you continue to pass each of these steps in the testing, you will move on and be notified of the next scheduled examination. If you fail any of these, you will be notified by email and will be removed as an applicant for this testing process.

Failure to appear for any of the scheduled examinations, without prior notice to the Polk County Civil Service Commission via Jaibre Osberg at (515) 286-2087 will disqualify the applicant from further consideration.

Polk County Sheriff's Office
GENERAL REQUIRMENTS
Deputy Sheriff

IOWA LAW ENFORCEMENT ACADEMY
GENERAL REQUIRMENTS

Chapter 501 Administrative Code - General Requirements		
CODE	REQUIREMENT	COMMENT
501.2.1(1)	Citizen of the United States / Resident of Iowa	Adjacent state exemption
501.2.1(2)	Must be 21 years of age at time of P.O.S.T.	PCSO Standard
501.2.1(3)	Valid driver's license or chauffeur's license issued in Iowa	Adjacent state exemption
501.2.1(4)	Not addicted to drugs or alcohol	
501.2.1(5)	Good moral character / not convicted of felony crime	Moral turpitude, tax evasion, perjury, drug sales, sex crimes
501.2.1(5)	No record of assault, domestic abuse, stalking, weapons crime	Weapon used in a crime
501.2.1(6)	Pass physical test	
501.2.1(7)	Not opposed to use of force	
501.2.1(8)	High school graduate with diploma or GED	
501.2.1(9)	Uncorrected vision 20/100 in both eyes / Corrected vision 20/20	Includes color vision
501.2.1(10)	Meets hearing standards	Functional hearing
501.2.1(11)	Examination by physician or surgeon	Meets physical standards
501.2.2(1)	Must pass P.O.S.T. Cognitive Test	
501.2.2(80)	Must undergo Psychological Evaluation	MMPI

CHAPTER 501.2.5(80b) *While no person can be selected, hired or appointed as an Iowa Law Enforcement Officer who does not meet minimum requirements, agencies are not limited or restricted in establishing additional standards.*

NO.	POLK COUNTY SHERIFF'S OFFICE DISQUALIFIERS	TIME	WILL/ MAY
	SUBSTANCE USE/ABUSE		
1	Conviction for OWI/DUI		MAY
2	Conviction for OWI 2 nd or Subsequent		WILL
3	Any adult use or possession of illegal drugs other than marijuana/synthetic marijuana	3 years	WILL
4	Any adult use of marijuana/synthetic marijuana	1 year	WILL
5	Any adult manufacture, cultivation, distribution or sale of drugs		WILL
6	Admitted problem with drugs/alcohol or as revealed through background investigation		MAY
7	Any use of prescription drugs that were not prescribed for the applicant		MAY
8	Any juvenile possession, use, manufacture, cultivation, distribution or sale of drugs		MAY
	CRIMINAL BEHAVIOR		
9	Past Conviction of a Felony		WILL
10	Past Conviction of an aggravated misdemeanor		WILL
11	Any conviction for simple/serious misdemeanor, except minor traffic	3 years	WILL
12	Any outstanding criminal warrant at time of application		WILL
13	Currently the subject of a criminal investigation		WILL
	CONDUCT		
14	Any forgery, alteration or falsification of facts on application		WILL
15	Discipline from employer or military for fighting in the workplace, acts constituting sexual harassment, racial or ethnic harassment or discrimination		WILL
16	Other than honorable discharge from military		WILL
17	Missing scheduled appointments during process w/o permission		MAY
18	Any academic dismissal or probation from any college or university		MAY
19	Named as a defendant in a No Contact Order		MAY
20	Unsatisfactory reference(s)		MAY
21	Unsatisfactory credit history		MAY
	CURRENT LAW ENFORCEMENT OFFICERS		
22	Accepted a bribe or was involved in any theft or dishonest act while employed as an Officer		WILL
23	Any Job related disciplinary action of a serious nature		WILL

A "MAY" disqualifier is determined at the sole discretion of the Sheriff.

Rev. 09/09/2019



Polk County Civil Service Commission

James B. Brown Commissioner • Bill Hansen Commissioner • Deb Leonard Commissioner

Physical Fitness Test Minimum Scores for Employment as a Deputy Sheriff (scores indicate the 40th percentile of fitness)

Sit-ups Muscular Endurance: The score is the number of bent leg sit-ups performed in one minute. Hands must remain on or about the head, in the up position, elbows should touch the knees or upper portion of the thigh, in the down position, the back must come down so that shoulder blades touch the floor. Legs may be held for assistance.

Push-ups Absolute Strength: The score is calculated by the number of push-ups performed in one minute. The body is supported by the hands and feet touching the ground, with legs straight and off the ground. The chest must come down and touch a fist placed under the individual's chest, then arms must go to full extension to complete a push up.

1.5 Mile Run Cardiovascular Capacity: The score is in minutes and seconds.

Age/Sex	Sit Ups (performed in 1 minute)	Push-Ups (performed in 1 minute)	1.5 Mile Run
Male			
20 – 29	38	29	12:51
30 - 39	35	24	13:36
40 – 49	29	18	14:29
50 – 59	24	13	15:26
60 +	19	10	16:43
Female			
20 – 29	32	15	15:26
30 – 39	25	11	15:57
40 – 49	20	9	16:58
50 – 59	14	12*	17:54
60 +	6	5*	18:44

*Females in excess of 49 years of age may do push-ups on their knees.

Suggested Training

Preparing for the Muscular Endurance (sit-up) test:

The progressive routine is to do as many bent-leg sit-ups (hands must remain on or about the head) as possible in one minute. At least three times per week do three sets (three groups of the number of repetitions you did in one minute).

Preparing for the Absolute Strength (push-up) test:

Determine how many push-ups you can do in one minute. At least three times a week do three sets of the amount you can do in one minute.

Preparing for the Cardiovascular Capacity (1.5 mile run) test:

Below is a graduated schedule that would enable you to perform a maximum effort for the 1.5 mile run. If you can advance the schedule on a weekly basis, then proceed to the next level. If you can do the distance in less time, then that is encouraged.

Week	Activity	Distance (miles)	Time (minutes)	Frequency (x per week)
1	Walk	1	17 – 20	5
2	Walk	1.5	25 – 29	5
3	Walk	2	32 – 35	5
4	Walk	2	28 – 30	5
5	Walk/Jog	2	27	5
6	Walk/Jog	2	26	5
7	Walk/Jog	2	25	5
8	Walk/Jog	2	24	4
9	Jog	2	24	4
10	Jog	2	22	4
11	Jog	2	21	4
12	Jog	2	20	4

*Suggestions by the Institute for Aerobics Research.



6400 Glenwood Street, Suite 111 Overland Park, KS 66202
Phone: 913-831-2721, Fax: 913-384-0127
www.arcpt.com

Functional Job Analysis
Deputy

In Summary: The Deputy's physical job demands require occasional maximum lift of 75 lbs floor to waist; occasional maximum lift of 15 lbs floor to shoulder; occasional maximum carry of 75 lbs 50 feet; occasional maximum carry of 35 lbs 35 yards; occasional maximum horizontal pull force of 100 lbs; frequent maximum horizontal push/pull force of 50 lbs; occasional maximum grip force of 60 lbs; frequent maximum grip force of 25 lbs; occasional maximum pinch force of 6 lbs; frequent climb; frequent bend/crouch; occasional kneel / crouch; frequent trunk rotation; frequent forward reach; frequent hand coordination; frequent foot coordination; constant sit; occasional running may be required, frequent stand and frequent walk. See Job Analysis. PDC Level: Heavy
Additional Comments: Adverse working conditions exist within this position. Exposure to human blood, body fluids and all types of weather conditions is expected. This position contains an element of risk to personal safety.

Thank you for your referral to ARC Physical Therapy +. Please call me at 913-831-2721 with any questions.



Mary Peters, PT, CEAS

09/26/2017

Date

Occasional 1-33% (1-100 reps)
Frequent 34-66% (101-500 reps)
Continuous 67-100% (500+ reps)