



STATE OF IOWA – DEPARTMENT OF PUBLIC SAFETY

AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are eligible to compete for all positions without regard to race, creed, color, religion, national origin, sex, age, or physical or mental disability.

LEVEL 1 EMPLOYMENT BACKGROUND INVESTIGATION APPLICATION

THE INFORMATION ON THIS APPLICATION AND ANYTHING DERIVED FROM IT IS THE PROPERTY OF THE IOWA DEPARTMENT OF PUBLIC SAFETY AND IS FOR THE EXCLUSIVE USE OF THE DEPARTMENT.

NOTICE: Application 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 spaced 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 answers to correspond with questions.

*Current DPS sworn officers are provided the opportunity to apply for Special Agent positions prior to any opening being filled from outside the Department.

CHECK ALL POSITION(S) YOU ARE APPLYING FOR.

PEACE OFFICER POSITIONS

- Trooper 1 (District 16-Capitol Complex)
Trooper 2 (Statewide)
Special Agent 2

CIVILIAN POSITIONS (list the vacancy title)

- Administrative Services Division:
Commissioner’s Office/Bureau:
Division of Criminal Investigation:
Division of Intelligence:
Division of Iowa State Patrol:
Division of Narcotics Enforcement:
Division of State Fire Marshal:

PERSONAL HISTORY AND CONTACT INFORMATION

Name in full (last, first, middle): Social Security Number:
Date of Birth (mo/day/yr): Age: Place of birth: U.S. citizen? YES NO
Current Street Address/PO Box: City: State: Zip Code:
Permanent Address: (if different from above) City: State: Zip Code:
Mobile Number: Work/Office Number: Email:
Driver’s License Number: Current State of Issue:

List ALL states in which you have had a driver’s license issued to you:

List all other names you have used. Include nicknames, maiden name, and previous married surname(s):

Have you previously applied with the Iowa DPS: YES NO If yes, specify dates:

Are you currently certified by the Iowa Law Enforcement Academy? YES NO Date certified (mo/day/yr):

Have you ever been issued a passport? YES NO If yes, list passport number:

List all of the locations you have traveled using passport:

EDUCATION RECORD

SUBMIT BOTH HIGH SCHOOL AND COLLEGE TRANSCRIPTS WITH THIS APPLICATION.

*******APPLICATIONS WILL NOT BE PROCESSED WITHOUT TRANSCRIPTS*******

High School: Check highest grade completed 8 9 10 11 12 High school diploma or equivalent (GED)? Yes No

Name	Address	Dates Attended		Date Graduated
		From	To	

College/University: No. of years completed: (1-6+) _____

Name of School and Location	Dates Attended		Credit Received		Field of Study or Area of Concentration		Type of Degree	Graduated YES/NO
	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 have 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 past 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	Own Rent
From	To						

FINANCIAL RECORD

- a. What is the total amount of your monthly financial obligations?
- b. Are monthly financial obligations kept current? Yes No
 If no, explain:
- c. Do you have any sources of income other than your salary? Yes No
 If yes, 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 the matter was resolved by way of deferred prosecution, judgment or sentence.)

Date	Place	Charge	Final Disposition	Details

- b. Has any member of your immediate family, i.g., spouse, other adults residing with you, ex-spouse, parents, brother, or sister ever been arrested for any criminal offense 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 If yes, state reason(s):

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 Form recorded _____ County _____ State _____ ** PLEASE NOTE: Provide a copy of your DD-214 with application.	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/VOLUNTEER ACTIVITIES/EMPLOYMENT

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.*

Volunteer Activities (including volunteer fire fighting, police or sheriff reserve and civic activities)

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, etc., 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		

RELATIVES

Provide complete name, including middle name (no initials) and complete address

a. Father			Employer	Telephone # ()
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date	Telephone ()		Occupation	
b. Mother			Employer	Telephone # ()
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date	Telephone ()		Occupation	
c. Spouse (if wife, include maiden name)			Employer	Telephone # ()
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date	Telephone ()		Occupation	

d. Children

Child's Name			Child's Name		
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone ()		Birth date	Telephone # ()	
Child's Name			Child's Name		
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date	Telephone # ()		Birth date	Telephone # ()	

e. Others (Include ALL brothers, sisters, step parents, step brothers, step sisters, ex-spouse, in-laws. Also include any other adults that reside with you)

Name and Relationship			Employer	Telephone # ()
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date	Telephone ()		Occupation	
Name and Relationship			Employer	Telephone # ()
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date	Telephone ()		Occupation	
Name and Relationship			Employer	Telephone # ()
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date	Telephone ()		Occupation	

RELATIVES (Continued)

Provide complete name, including middle name (*no initials*) and complete address

Name and Relationship	Employer	Telephone # ()
Street Address	Street Address	
City State Zip code	City	State Zip code
Birth date Telephone ()	Occupation	
Name and Relationship	Employer	Telephone # ()
Street Address	Street Address	
City State Zip code	City	State Zip code
Birth date Telephone ()	Occupation	
Do you have any relatives or friends currently employed with the Iowa Department of Public Safety? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____	Relationship: _____	Division: _____
Name: _____	Relationship: _____	Division: _____
Name: _____	Relationship: _____	Division: _____

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 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 State of Iowa, 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 mental health 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, representing me 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 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 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 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 ARE 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 of the "Authorization for Release of Personal Information".

(Signature of Applicant)

(Date)

The information on this application and anything derived from it is the property of the Iowa Department of Public Safety and is for the exclusive use of the Department.

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

DPS APPLICANT SURVEY

Iowa state government is committed to the principles of Equal Employment Opportunity and Affirmative Action. To evaluate the success of our EEO/AA program we must collect information about job applicants. Please share some information about yourself to assist us in doing this. This information is used only for program evaluations and reporting requirements. The completion of this survey is optional.

PLEASE WRITE YOUR NUMBERED RESPONSES TO ITEMS A THROUGH H IN THE CORRESPONDING BOXES.

A Gender	B Age	C Education	D Ethnicity	E State Employee	F Previous Applicant	G Veteran	H Referral
<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/> <input style="width: 50px; height: 30px;" type="text"/> <input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>

- | | | | | | | | | | | | |
|--|--|--|-------------------|--|-------------------------------|---------------------------------------|----------------------|---------------------------------------|--|--|--|
| <p>A. What is your gender?</p> <ul style="list-style-type: none"> 0. Male 1. Female 2. I identify my gender as: <p>B. What is your age?</p> <ul style="list-style-type: none"> 0. 18 or younger 1. 19 - 29 2. 30 - 39 3. 40 - 49 4. 50 - 59 5. 60 - 69 6. 70 or over <p>C. What is the highest level of education you have attained?</p> <ul style="list-style-type: none"> 0. 0 - 8 years 1. 9 - 12 years, but not a high school graduate 2. High school graduate or GED 3. Post high school vocational or business school training 4. Some college, less than BA or BS degree 5. BA, BS or similar undergraduate degree 6. MA, MS or similar graduate degree 7. Ph.D., JD or similar professional degree 8. MD or similar professional degree <p>G. Do you qualify for veteran's preference? In order to qualify for veteran's preference, you must have served in the military during one of the following periods:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">0. Persian Gulf/Iraq Conflict</td> <td>August 2, 1990 - (End date has yet to be determined by Congress)</td> </tr> <tr> <td>1. Panama Service</td> <td>December 20, 1989 through January 31, 1990</td> </tr> <tr> <td>2. Lebanon or Granada Service</td> <td>August 24, 1982 through July 31, 1984</td> </tr> <tr> <td>3. Viet Nam Conflict</td> <td>February 28, 1961 through May 7, 1975</td> </tr> <tr> <td colspan="2">4. I do <u>not</u> qualify for veteran's preference.</td> </tr> </table> <p>H. Were you referred to apply to the Department of Public Safety by a current DPS employee?</p> <ul style="list-style-type: none"> 0. Yes 1. No <p>Name of DPS Employee:</p> | 0. Persian Gulf/Iraq Conflict | August 2, 1990 - (End date has yet to be determined by Congress) | 1. Panama Service | December 20, 1989 through January 31, 1990 | 2. Lebanon or Granada Service | August 24, 1982 through July 31, 1984 | 3. Viet Nam Conflict | February 28, 1961 through May 7, 1975 | 4. I do <u>not</u> qualify for veteran's preference. | | <p>D. Of which racial/ethnic group(s) do you consider yourself a member? (Multiple responses are acceptable.)</p> <ul style="list-style-type: none"> 0. White 1. Black or African American 2. Asian 3. Native Hawaiian or Other Pacific Islander 4. Native American 5. Hispanic or Latino 6. Alaska Native <p>E. Are you currently a state employee?</p> <ul style="list-style-type: none"> 0. No 1. Yes <p>F. Have you previously applied for a peace officer position with the Iowa Department of Public Safety?</p> <ul style="list-style-type: none"> 0. No 1. Yes <p>If yes, provide date(s) of previous application(s).</p> |
| 0. Persian Gulf/Iraq Conflict | August 2, 1990 - (End date has yet to be determined by Congress) | | | | | | | | | | |
| 1. Panama Service | December 20, 1989 through January 31, 1990 | | | | | | | | | | |
| 2. Lebanon or Granada Service | August 24, 1982 through July 31, 1984 | | | | | | | | | | |
| 3. Viet Nam Conflict | February 28, 1961 through May 7, 1975 | | | | | | | | | | |
| 4. I do <u>not</u> qualify for veteran's preference. | | | | | | | | | | | |

H. Please indicate below how you first became aware the Iowa DPS was hiring.

Choice	Event	Name of individual or source of INITIAL contact:
1.	Initially referred/influenced by Iowa Department of Public Safety Employee : (no substitutes will be made at a later date; DPS civilian or sworn supervisors are not eligible for Referral Bonus)	<u>Name of DPS Employee:</u>
2.	www.dpscareers.com	
3.	College Career/Job Fair/Handshake	
4.	High School Presentation/Representative	
5.	Iowa Department of Administrative Services (DAS)	
6.	Iowa State Fair	
7.	Iowa Workforce Development Center/Advisor	
8.	Radio/Television Advertising	
9.	Public Resource Officer (PRO) Presentation	
10.	Civic Organization (KIWANIS, Rotary, etc.)	
11.	Newspaper/Periodical Advertising	
	Online Advertising	
12.	Facebook	
13.	Indeed.com	
14.	LinkedIn	
15.	Twitter	
16.	Instagram	
17.	Police/Law Enforcement Web Site	
18.	College Job Board (List College Name)	
19.	Digital Streaming Media (List Company)	
	Military Sources	
20.	HomeBase Iowa	
21.	Recruitmilitary.com	
22.	Military Newspaper (Name of newspaper)	
23.	Military Recruiter (Name of Recruiter)	
24.	Military Unit Representative (Name)	
25.	Military Career Fair (Name)	
	Other – Please Identify Source	



STATE OF IOWA

CREDIT HISTORY DISCLOSURE AUTHORIZATION AND CONSENT FORM

PLEASE READ CAREFULLY

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a credit history check may be obtained for the purpose of this employment/licensing application. By the signature below, the applicant acknowledges that the Iowa Department of Public Safety, Division of Criminal Investigation and Global Screening Solutions, have made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that Iowa Division of Criminal Investigation may now, or any time while I am employed/licensed, conduct a verification of my credit history to fulfill the job and/or licensing requirements. The results of this verification process will be used to determine employment/licensing eligibility for the position/license applied for. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/licensing, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize Global Screening Solutions at 4833 Front Street B448, Castle Rock, CO 80108, 866-454-2325, customerservice@global-screeningsolutions.com, www.Global-ScreeningSolutions.com, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative Iowa Division of Criminal Investigation. Contact Global Screening Solutions, if you want to receive a copy of our Information Security Policy.

I have read and understand this disclosure, and I authorize the credit history verification.

I authorize persons and other organizations and Agencies to provide Global Screening Solutions with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/licensing was denied based on information obtained through the credit history verification process.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Form with fields for Applicant Last Name, First Name, Middle Name, List Other Names Used, Date of Birth, Social Security Number, Current Address, Previous Address, etc.

Applicant's Signature Today's Date ← RELEASE MUST BE SIGNED

- I understand my credit report will be pulled from TransUnion and wish to receive a copy of the Credit Report from TransUnion directly. (California, Oklahoma, Minnesota residents only).