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 examination, the following forms must be completed and returned to the Polk County Sheriff’s Administration Office on or before the published deadline date. (Application materials are available at www.polkcountyiowa.gov and www.polkcountyiowa.gov/sheriff)

- Application
- Conditional Offer of Probationary Employment

In addition to the three forms listed above, the following documents must also be submitted with the application materials:

- Certified birth certificate (Must be original with raised seal)
- Transcript from the highest level of education completed (GED, high school, or college).
- Diploma from highest level of education completed
- Resume
- Military DD214 Form (if applicable)
- Current Photo of yourself

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

Thank you,

Polk County Sheriff’s Office
2309 Euclid Avenue
Des Moines, IA 50310
Office: (515) 286-2087
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

| Full Name :_________________ | Driver’s License #: ________________ |
| Last                | First | Middle |

| Street Address:_________________________ | Home Phone (_____)__________ |

| City:____________________ | State:____________ | Zip Code:_________ | Cell Phone (_____)__________ |

☐ Male  ☐ Female  Date of Birth:_____/_____/______  *Age:_______  *Race:________

Social Security Number: ________ - ________ - __________  Place of Birth:_______________________________

Are you a citizen of the United States?  ☐ Yes  ☐ No  Email Address:_________________________

Have you taken the Civil Service Examination before?  ☐ Yes  ☐ No  If so, what date? _______/_____/______

Were you ever employed by Polk County?  ☐ Yes  ☐ No  If so, what department?_________________________  From_____/_____/______ To_____/_____/______

“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 Spargur
2309 Euclid
Des Moines, IA 50310
Scars, Marks, or Tattoos: _____________________________________________________________

List all names that you have ever used including maiden names:

_______________________________________________________________________________

_______________________________________________________________________________

If married, spouse’s name: ____________________________

First               Middle               Maiden Name (if applicable)

II. RESIDENCES

List chronologically; all of your residences for the last ten (10) years (include addresses while attending school if away from home and military addresses including any off-base housing).

<table>
<thead>
<tr>
<th>Date from</th>
<th>Date to</th>
<th>Street Address</th>
<th>Apt./Unit #</th>
<th>City</th>
<th>County</th>
<th>State</th>
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</tbody>
</table>
III. EDUCATION RECORD

Attach a copy of your highest level of education “official transcripts” to this application and a copy of your diploma. Your application will not be processed without these.

<table>
<thead>
<tr>
<th>High School - Name and Address of School</th>
<th>Date From</th>
<th>Date To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>College or University</th>
<th>Date From</th>
<th>Date To</th>
<th>Major</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
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</table>

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.

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Type (Social, Fraternal, Professional, etc.)</th>
<th>Office Held</th>
<th>Date From</th>
<th>Date To</th>
</tr>
</thead>
<tbody>
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</table>

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:_______________________ Addresses
   Residence:______________________________________
   Business:_______________________________________
   # Yrs. Acquainted______Occupation__________ Telephone: (______)________________

3. Complete Name:_______________________ Addresses
   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.

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
<th>Date From</th>
<th>Date To</th>
<th>Salary</th>
<th>Position and kind of work</th>
<th>Supervisor</th>
<th>Reason for leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name _______________________</td>
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<td>Address ____________________</td>
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<td>City/State __________________</td>
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<td>Telephone ___________________</td>
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</table>

| 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).

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Charge</th>
<th>Disposition</th>
<th>Details</th>
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</table>

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?

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Charge</th>
<th>Date</th>
<th>Disposition</th>
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</table>

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_____

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Child ____________________________________ Business Name ____________________________
Street Address______________________________ Street Address______________________________
City____________________State_______Zip____ City____________________State_______Zip_____

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Child ____________________________________ Business Name ____________________________
Street Address______________________________ Street Address______________________________
City____________________State_______Zip____ City____________________State_______Zip_____

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Child ____________________________________ Business Name ____________________________
Street Address______________________________ Street Address______________________________
City____________________State_______Zip____ City____________________State_______Zip_____

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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__________
******************************************************************
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_________
XI. APPLICANT MISCELLANEOUS DATA

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

Conviction Record

Have you ever been convicted of any crime?      Yes □      No □

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

<table>
<thead>
<tr>
<th>Date</th>
<th>County/State</th>
<th>Charge</th>
<th>Disposition</th>
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</table>
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:  _______/_______/_______

Attach a copy of transcripts from your highest level of education completed, copy of diploma, a resume’, certified birth certificate, current picture of yourself, and DD214 to this application.

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

Accredited by the American Correctional Association
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 Polk County Sheriff’s Office and Polk County Civil Service Commission whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statement 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 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 Polk County Sheriff’s Office also certify that any person(s) who may furnish such information 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 Polk County Sheriff’s Office from any and all liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this “Authorization for Release of Personal Information”.

__________________________________________  
Signature of Applicant

__________________________________________  
Date
Conditional Offer of Probationary Employment

**Purpose:**
The purpose of this agreement is to extend to you a conditional offer of probationary employment. A final offer of employment will be extended only if you satisfy all the requirements established by the Polk County Civil Service Commission, are named to the certified list of candidates by the Polk County Civil Service Commission, and a vacancy for an entry level Polk County Deputy Sheriff exists. All candidates are required to successfully comply with these conditions:

**Terms and Conditions:**
You must meet all the following conditions to be considered for employment:

1. Meet all the minimum standards established by the Iowa Law Enforcement Academy to be a peace officer in the State of Iowa.

2. Have successfully completed a written examination and physical fitness test developed by the Iowa Law Enforcement Academy.

3. Meet the physical requirements necessary to fulfill the responsibilities of a deputy sheriff determined through a medical history and physical examination by a licensed physician.

4. Satisfactorily complete psychological or personality testing as prescribed by the Iowa Law Enforcement Academy.

5. Complete polygraph testing, a thorough background investigation and interview with the Civil Service Commission to determine character, judgment, and fitness for the position.

6. Must complete the Iowa Law Enforcement Academy with a passing score.

7. Must complete the Polk County Sheriff’s Office Field Training Program with a passing score.

8. Be certified by the Civil Service Commission as eligible for appointment to the position of Polk County Deputy Sheriff.

When a vacancy exists allowing the Polk County Sheriff to appoint a deputy sheriff, the appointment will be made from the list certified by the Polk County Civil Service Commission to the Polk County Sheriff. The existence of a vacancy for a position of deputy sheriff does not guarantee you a final offer of employment for the position.

**Length of Agreement**
This conditional offer of employment shall remain in effect until the Civil Service Commission determines whether you shall be certified as eligible for appointment. If you are not certified as eligible or it is determined you do not meet any of the above terms and conditions, the conditional offer shall no longer be effective. If you are certified as eligible, the offer shall remain in effect one year from the date signed below.

---

**Name** (Please Print) 

**Applicant’s Signature**

**Date** 

Bill McCarthy, Polk County Sheriff
Deputy Sheriff’s Schedule of Examinations

1. Physical Fitness Test: Saturday, January 27, 2018, 7:30 a.m.
2. Written Examination: Saturday, January 27, 2018, 7:30 a.m.

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

3. Polygraph
4. Background Check
5. Fingerprinted
6. MMPI Psychological Examination
7. Clinical interview with psychologist to discuss results of the MMPI Examination
8. Physical – Polk County Health Department
9. Oral Interview with the Civil Service Commission
10. Interview with the Sheriff/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 mail/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 Spargur @ 515-286-2087 will disqualify the applicant from further consideration.
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. With both hands behind the neck, *not the head*, the sit-ups will be performed by lying on a mat or on the floor with knees approximately at a 45 degree angle and hands touching the mat. Sit up to touch the elbows to the knees, then back down to touch hands (behind neck) to mat. Your hands must touch the mat each time you complete a sit-up, and your buttocks must remain on the floor for each sit-up. It may be necessary to have someone hold your feet to maintain the proper angle of your knees.

Sit-and-Reach **Flexibility**: The sit-and-reach test measures flexibility of the lower back and hamstrings. The test involves stretching out from a sitting position with arms extended to touch the toes or beyond. Feet should be perpendicular to the floor (toes not pointed), with shoes removed. Place hands on top of each other so that the middle fingers are perfectly aligned. Your knees cannot bend while reaching. The distance to the toes is 15” and the scores (distances) indicated reflect that distance plus or minus the required number of inches. Example: 16.5” = 15” to the toes + 1.5”.

Push-ups  **Absolute Strength**: The score is the number of push-ups performed in one minute. Each push-up must be performed with hands flat (or fisted if more comfortable) on the floor, approximately under the shoulders, chest touching the floor. Raise body up to a locked arm position, then lower back down to touch chest to floor. Legs will be straight with feet perpendicular to the floor, toes bent.

1.5 Mile Run  **Cardiovasular Capacity**: 1.5 mile run. The score is in minutes and seconds.
<table>
<thead>
<tr>
<th>Age/Sex</th>
<th>Sit Ups (performed in 1 minute)</th>
<th>Sit-and-Reach</th>
<th>Push-Ups (performed in 1 minute)</th>
<th>1.5 Mile Run</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
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<tr>
<td>20 – 29</td>
<td>38</td>
<td>16.5</td>
<td>29</td>
<td>12:51</td>
</tr>
<tr>
<td>30 – 39</td>
<td>35</td>
<td>15.5</td>
<td>24</td>
<td>13:36</td>
</tr>
<tr>
<td>40 – 49</td>
<td>29</td>
<td>14.3</td>
<td>18</td>
<td>14:29</td>
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<tr>
<td>50 – 59</td>
<td>24</td>
<td>13.3</td>
<td>13</td>
<td>15:26</td>
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<tr>
<td>60 +</td>
<td>19</td>
<td>12.5</td>
<td>10</td>
<td>16:43</td>
</tr>
<tr>
<td>Female</td>
<td></td>
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<tr>
<td>20 – 29</td>
<td>32</td>
<td>19.3</td>
<td>15</td>
<td>15:26</td>
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<tr>
<td>30 – 39</td>
<td>25</td>
<td>18.3</td>
<td>11</td>
<td>15:57</td>
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<tr>
<td>40 – 49</td>
<td>20</td>
<td>17.3</td>
<td>9</td>
<td>16:58</td>
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<tr>
<td>50 – 59</td>
<td>14</td>
<td>16.8</td>
<td>12*</td>
<td>17:54</td>
</tr>
<tr>
<td>60 +</td>
<td>6</td>
<td>15.5</td>
<td>5*</td>
<td>18:44</td>
</tr>
</tbody>
</table>

*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 behind the head with someone holding your feet) as possible in one minute. At least three (3) times per week do three (3) sets (three groups of the number of repetitions you did in one minute).

Preparing for the Flexibility (sit-and-reach) test:
Performing sitting types of stretching exercises daily will increase this area. There are two (2) recommended exercises:
- Sit-and-reach – Do five (5) repetitions of the exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and extend the fingertips toward the toes while keeping the legs straight. Hold for ten (10) seconds.
- Towel stretch – Sit on the ground with the legs straight. Wrap a towel around the feet holding the ends with each hand. Lean forward and pull gently on the towel extending the torso toward the toes.

Preparing for the Absolute Strength (push-up) test:
Determine how many push-ups you can do in one minute. At least three (3) times per week do three (3) 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.

<table>
<thead>
<tr>
<th>Week</th>
<th>Activity</th>
<th>Distance (miles)</th>
<th>Time (minutes)</th>
<th>Frequency (x per week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Walk</td>
<td>1</td>
<td>17 – 20</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Walk</td>
<td>1.5</td>
<td>25 – 29</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Walk</td>
<td>2</td>
<td>32 – 35</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Walk</td>
<td>2</td>
<td>28 – 30</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Walk/Jog</td>
<td>2</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Walk/Jog</td>
<td>2</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Walk/Jog</td>
<td>2</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>Walk/Jog</td>
<td>2</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Jog</td>
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<td>4</td>
</tr>
<tr>
<td>12</td>
<td>Jog</td>
<td>2</td>
<td>20</td>
<td>4</td>
</tr>
</tbody>
</table>

*Suggestions by the Institute for Aerobics Research.
Deputy Sheriff Minimum Employment Qualifications to be Considered for Employment

1. Must be a citizen of the United States.
2. Be at least 21 years of age at the time of the written examination.
3. Hold a valid Iowa driver’s license.
4. Not be addicted to drugs or alcohol (Code of Iowa, chapter 341A.11).
5. Be of good moral character as determined by a thorough background investigation including a fingerprint search conducted of local, state, and national fingerprint files, and have not been convicted of a felony or a crime involving moral turpitude.
6. Successfully pass physical fitness test.
7. Be a high school graduate or hold a GED certificate.
8. Have uncorrected vision of not less than 20/100 in both eyes, corrected to 20/20, and color vision consistent with the occupational demands of law enforcement.
9. Have normal hearing in each ear (hearing aids are acceptable if a candidate can demonstrate sufficient hearing proficiency to perform all necessary duties of a law enforcement officer).
10. Be examined by a physician and meet the physical requirements necessary to fulfill the responsibilities of a law enforcement officer.
11. Undergo psychological testing.
12. Undergo cognitive (basic skills) testing.
13. No marijuana usage within two (2) years and all other drug usage within three (3) years of application date.
DEPUTY

Distinguishing Features Of The Class:
Under general supervision, performs responsible law enforcement duties in the protection of life/property through crime prevention/enforcement of laws and ordinances. Deputies work in diverse areas such as patrol, traffic control, criminal/accident investigations, narcotics, civil process, execution of warrants, courthouse security, transportation/ extradition, and community relations. As deputies gain experience/training they become eligible for specialty assignments including search/rescue, hostage rescue/negotiation, criminal/accident investigation, narcotics, bomb squad, field/jail training officer, and firearms instructor. A Deputy’s duties range from periods of physical inactivity to situations requiring extreme physical exertion/exposure to danger. Employees must be able to act without immediate supervision/exercise independent judgement in meeting emergencies.

Illustrative Examples Of Work:

When assigned to Patrol/Field Operations:
1. Patrols an assigned area in a radio-equipped vehicle to maintain public peace, to prevent/detect the commission of crimes, to observe/report/investigate violations of laws/ordinances, and to protect life/property.
2. Responds to calls/complaints including domestic/neighborhood disputes, rape, assault, robberies, disorderly conduct, vandalism, fire, emergencies, animal control and various incidents involving misdemeanors/ felonies; provides advice/assistance to citizens on criminal/civil processes; facilitates/mediates resolution of disputes; provides counseling/referral to community services.
3. Enforces traffic laws/issues citations; administers sobriety tests; provides assistance to motorists; controls/directs traffic; conducts vehicle searches.
4. Acts as first responder at scene of accidents/crimes; secures scene, provides emergency first aide/CPR; provides death notification to family members.
5. Conducts preliminary investigations; interviews witnesses/victims to obtain statements; collects, photographs/marks evidence; reconstructs the accident/crime scene by preparing detailed sketches/diagrams; takes measurements; prepares detailed reports; may conduct follow up investigations.
6. Apprehends/arrests individuals involved in the commission of a crime; executes warrants/court orders; transports offenders to jail; enforces court orders for mental commitments/evaluations.
7. Initiates the filing of charges against suspected criminals; files probable causes, complaint forms, and criminal histories to the County Attorney’s office; attends court proceedings/appears at hearings to assist/provide testimony regarding arrests/investigations.
8. Participates on internal/external committees/task-forces as assigned; conducts physical surveillance of suspected criminal activity; provides courthouse security.
9. Writes detailed/accurate reports to document activities including pre-preliminary complaints, supplemental/follow-up investigations, accident/incident reports, and daily activity logs.
10. Performs other duties as assigned.
When Assigned to Civil Unit:
1. Serves legal papers such as protective orders, subpoenas, summons/petitions, garnishments, orders to appear, citations, eviction notices, and other court processes to citizens within Polk County.
2. Reprocesses, seizes, and transports property/persons as ordered by the court.
3. Performs other duties as assigned.

When Assigned to Community Relations Unit:
1. Serves as liaison between the Sheriff’s Office and the community in an effort to present, coordinate, and increase awareness of various community programs including D.A.R.E, Neighborhood Watch.
2. Makes public presentations on crime prevention, safety, emergency preparedness, and personal/property protection to schools/community groups; provides training on domestic violence/protective orders to citizen groups.
3. Performs other duties as assigned.

Required Knowledge, Skills, And Abilities:

- Knowledge of the principles/practices of modern law enforcement.
- Knowledge of the constitutional rights of citizens/incarcerated persons.
- Knowledge of proper investigation principles/practices/techniques.
- Knowledge of first aide/CPR.
- Skill in the techniques utilized to subdue violent/uncooperative people.
- Skill in the safe operation of motor vehicles.
- Good attention to details/observation skills.
- Good visual acuity/night vision/peripheral vision.
- Good interviewing/listening skills.
- Ability to keep detailed/accurate records/reports.
- Ability to read/comprehend complex laws/ordinances and interpret court orders.
- Ability to analyze people/situations quickly/calmly and determine/take effective/reasonable courses of action while under stress/pressure.
- Ability to de-escalate/mediate volatile situations.
- Ability to understand/carry out oral/written instructions.
- Ability to apply knowledge of law enforcement methods/procedures/techniques to specific situations.
- Ability to operate equipment such as Intoxilyzer, fingerprint/photo and personal computer.
- Ability to communicate clearly/effectively both orally and in writing.
- Proven ability/proficiency in safe use of firearms.
- Ability to deal fairly, objectively, and courteously with the general public without regard to race, ethnicity, religion, or political beliefs.
- Ability to establish/maintain effective working relationships with associates, co-workers, representatives of other organizations, and people from diverse cultures.
- Ability to obtain/maintain valid driver’s license issued by the State of Iowa.
- Ability to maintain certifications as required by assignment.
- Ability to operate communication dispatch radio.
• Ability to walk, stand, run on uneven surfaces.
• Ability to work in inclement weather.
• Ability to stand/sit for extended periods of time.
• Ability to hear conversational voice.
• Ability to meet physical/psychological standards as set forth by the Iowa Law Enforcement Academy.

Training And Experience:
• High School graduation or equivalent.

Special Requirements:
• A criminal background check will be required.
• A drug screen will be required prior to final offer of employment.
• Candidate must pass a post-employment offer physical examination as shown on the attachment.

Adopted: 7/1/01
Revised: 7/1/09
Revised: 1/1/13
Revised: 6/12/14
Revised: 10/2/17
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)