



SHELBY COUNTY JAIL
1104 9TH ST.
HARLAN, IA. 51537
Neil Gross, Sheriff

Kyle Lindberg, Jail Administrator

Shelby County Sheriff's Office: 1104 9th St, Harlan IA 51537: Main (712)755-5026: Fax (712)755-2481

AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are eligible to complete this application for a Jailer position without regards to race, color, national origin, sex, creed, religion, age, marital status, disability, sexual orientation, sexual identity, genetic predisposition, or any other characteristic protected by state or federal law.

APPLICATION FOR EMPLOYMENT

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, see Page 12 of this application.

PERSONAL HISTORY

Last Name, First, Middle		Date of Birth:
List all other names you have used, include nicknames, maiden names, previous married names		
		Are you a U.S. citizen? Yes _____ No _____
Driver's License Number		Driver's License State
Do you have any relatives currently employed by Shelby County? If yes, list names and relationships:		Yes _____ No _____

CONTACT INFORMATION

Complete Mailing Address		
City	State	Zip
Home Phone Number :		Work Number :
Cell Phone Number :		
Can we contact you at your work number?	Yes	No

EDUCATION RECORD

Circle highest grade completed 8 9 10 11 12
 High school graduate or equivalent (G.E.D) Yes _____ No _____

High School

Name	Address	From	To	Graduate

College or University

Name/Location	From	To	Credits Received	Major	Minor	Degree Type

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

Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career? Yes _____ No _____

If yes, please give details:

Type of action taken:

List awards, honors, citations, athletic endeavors, and any other special recognition you received:

List any special abilities (computer skills, etc.), special interests, hobbies:

List languages, including American Sign Language, in addition to English, that you speak, read, or write fluently:

If you are licensed or certified to practice a trade or profession, complete the following:

Specialty:

License issued by:

RESIDENCE HISTORY

Chronologically list all of your residences in the past ten years.

From/To	Street Address	City/State/Zip

COURT RECORD

Have you ever been arrested or charged with ANY violation, including traffic citations, but not parking tickets? Yes _____ No _____

If yes, list all matters even if not formally charged, or no court appearances, or found not guilty, or received a deferred judgment, or if the matter was settled by payment of fine or forfeiture of collateral.

Date	Location	Charge	Final Disposition	Details

Any members of your family, i.e. spouse, parent, brothers, sisters, ever been arrested for any violation other than traffic? Yes _____ No _____

If yes, list by name, date of birth, and charges:

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

Have you ever registered with the Selective Service? Yes _____ No _____

Have you ever applied for a position with any branch of the Armed Forces of the United States?
Yes _____ No _____

Have you ever been rejected by any branch of the Armed Forces for any reason?
Yes _____ No _____

If yes, state the reason:

Have you ever been inducted into or served on active duty in any branch of the Armed Forces?
Yes _____ No _____

If yes, complete section on next page:

Dates of active duty From: _____ To: _____	Branch of military service	Highest rank attained	Serial Number
Type of discharge _____ Date DD-214 _____ From recorded _____ County/State _____ (If discharged, provide copy of DD-214)	Member of Reserve/National Guard? Yes _____ No _____ Service Branch _____ Location _____		
Was any type of disciplinary action taken against you in the service? Yes _____ No _____ If yes, nature of action:			

ORGANIZATION MEMBERSHIP

Are you or have you ever been a member of any club, society, or organization?

Yes _____ No _____

If yes, complete questions below:

Organization	City/State	Dates	Position/Extent of Activity

VOLUNTEER ACTIVITIES

Organization	City/State	Dates	Extent of Activity

EMPLOYMENT HISTORY

List your work experience, starting with your most recent (include summer and part-time employment). Account for all time. If unemployed for any period of time; indicate, setting forth dates of unemployment.

1. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City/State	Supervisor	
Telephone Number with area code	Reason for leaving	
2. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City/State	Supervisor	
Telephone Number with area code	Reason for leaving	
3. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City/State	Supervisor	
Telephone Number with area code	Reason for leaving	
4. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City/State	Supervisor	
Telephone Number with area code	Reason for leaving	

EMPLOYMENT CONT'D

5. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City/State	Supervisor	
Telephone Number with area code	Reason for leaving	
6. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City/State	Supervisor	
Telephone Number with area code	Reason for leaving	
7. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City/State	Supervisor	
Telephone Number with area code	Reason for leaving	
8. Name of Employer	Dates of Employment	Salary
Address	Position and kind of work	
City/State	Supervisor	
Telephone Number with area code	Reason for leaving	

RELATIVES

Please list the following relatives: If unknown, please indicate (N/A) * Not Available
 If relatives are deceased, please indicate:

Father	Employer	Occupation
Home Address	Address	
City/State/Zip	City/State/Zip	
Telephone Number	Telephone Number	
Mother	Employer	Occupation
Home Address	Address	
City/State/Zip	City/State/Zip	
Telephone Number	Telephone Number	
Spouse	Employer	Occupation
Home Address	Address	
City/State/Zip	City/State/Zip	
Telephone Number	Telephone Number	
Date of Birth		

OTHER RELATIVES

This page would consist of additional relatives (Brother, Sister, Other members of household that may be living with you over the age of 18)

Name/Relationship	Employer	Occupation
Home Address	Address	
City/State/Zip	City/State/Zip	
Telephone Number	Telephone Number	
Name/Relationship	Employer	Occupation
Home Address	Address	
City/State/Zip	City/State/Zip	
Telephone Number	Telephone Number	
Name/Relationship	Employer	Occupation
Home Address	Address	
City/State/Zip	City/State/Zip	
Telephone Number	Telephone Number	
Name/Relationship	Employer	Occupation
Home Address	Address	
City/State/Zip	City/State/Zip	
Telephone Number	Telephone Number	

REFERENCES

Give at least four references (friends, former or present employers, fellow employees, or teachers) who are responsible adults of reputable standing in their communities, who have known you for at least three years, preferably those who have known you during the past three years. If retired, list former occupations.

Name	Occupation	Years acquainted
Address		Home Phone
Business Address		Business Phone
Name	Occupation	Years acquainted
Address		Home Phone
Business Address		Business Phone
Name	Occupation	Years acquainted
Address		Home Phone
Business Address		Business Phone

Name	Occupation	Years acquainted
Address		Home Phone
Business Address		Business Phone
Name	Occupation	Years acquainted
Address		Home Phone
Business Address		Business Phone
Name	Occupation	Years acquainted
Address		Home Phone
Business Address		Business Phone

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 Shelby County Sheriff's Office/Jail, whether the said records are of a public, private, or confidential nature. This authorization is to give my consent for full 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 statement of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private or public 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 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 authorize, to any duly authorized agent of the Shelby County Sheriff's Office/Jail, the release of any or all information from any of my past or present employers. This information may include, but is not limited to attendance, work habits, ability to get along with co-workers and reasons for any disciplinary actions taken against me up to or including termination. I understand that any information obtained by a personal history background investigation that 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 Shelby County Jail, including review of publicly accessible information on social media websites, blogs, and any other internet presence. 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 Shelby County Sheriff's Office/Jail from any and all liability that 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, is complete, true and accurately recorded to the best of my knowledge. I understand that providing false, misleading and/or incomplete information on the application is grounds for exclusion from the selection process or if discovered subsequent to employment. A photocopy and/or facsimile of this form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

Print Name: _____

Signature: _____

Date: _____

COMPLETED ANSWERS / ADDITIONAL INFORMATION

If additional space is needed to complete an answer, please indicate the page number and section that you are completing. You may also use this page for additional information that you feel might be pertinent to this application.

APPLICATION SIGNATURE

I, _____, do hereby swear and affirm that each statement and all information in or supplementing this application is 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. I further understand that my application will not be processed and that I will not be considered for a position with the Shelby County Jail unless the following actions have taken, and the required materials have been included with the application. This application must be completely filled out. I understand that I must meet and maintain all minimum qualification standards from the time my application is submitted through the end of the selection process. I understand that all submitted materials become the property of the Shelby County Jail.

Signature of Applicant

Date _____

AUTHORIZATION FOR RELEASE OF CREDIT HISTORY INFORMATION

Employees of the Shelby County Jail could be required to have acceptable credit histories at the time of hiring and to maintain acceptable credit histories while employed. Therefore, before an applicant for employment is hired, before an employee is promoted, and at other appropriate times, the Jail may review an individual's credit history in order to verify compliance with Jail policy. Information you provide below will be used to access your consumer credit report. Please print legibly.

Last Name _____ First Name _____

Street Address _____

City/State/Zip _____

Social Security Number ____ - ____ - _____

Date of Birth ____ / ____ / _____

Please read carefully and sign below.

I understand that to become eligible for employment with the Shelby County Jail, my credit history must be in good standing. I authorize the Shelby County Jail to obtain a consumer credit report about me both before and, in the event I am hired, afterwards for the purpose of evaluating my eligibility for employment, promotion, or continued employment. I understand that a copy of my credit report and a summary of my rights as a consumer will be provided to me before any decision adversely affecting my employment is made if the decision is based on my consumer credit report.

Signature of Applicant

AN EQUAL OPPORTUNITY EMPLOYER

Minimum Employment Qualifications to be Considered for Employment with the Shelby County Jail

There shall be strict adherence to the following minimum qualifications. No exceptions will be made. Applicants not meeting or maintaining these minimum standards throughout the entire selection process will not be considered for employment.

AGE

Applicant must be eighteen (18) years of age upon hire.

EDUCATION

Applicant must have a high school diploma or GED equivalent.

CITIZENSHIP

Applicant must be a citizen of the United States.

PHYSICAL REQUIREMENTS

All applicants are required by law to be in acceptable physical and mental condition to perform his/her duties as specified by the specific job description.

DRIVING RECORD

Applicants must possess a valid driver's license. A good driving record is required. It is indicative of the applicant's respect for traffic laws and other characteristics such as good judgment, physical and mental coordination, and respect for others. An applicant, who has been convicted of the following offenses, will not be automatically disqualified, but the circumstances and relevant factors relating to the offense will be individually evaluated to determine if their application will be denied:

- + Alcohol/drug related driving offenses, including deferred judgment and sentences.
- + A failure to stop and render aid.
- + Perjury or making false statements during driver licensing procedures from any state.

GOOD MORAL CHARACTER

An applicant must be of good moral character, which means that he or she can be trusted and is considered by those who know him/her to be a person of good reputation and good standing in the community. When conduct is of a nature that, if known, would tend to discredit the applicant, the applicant WILL NOT be employed. The character of a person is determined by past behavior. Many factors are relevant in this assessment. The Jail seeks applicants whose histories show good judgment, maturity, a sense of responsibility, and the respect of others.

Several factors will be considered:

- + Conviction or commission of a felony, aggravated misdemeanor, or serious misdemeanor, or as defined by Iowa Law, excluding traffic violations, WILL DISQUALIFY an applicant. Conviction or commission of any public offense will be evaluated based on the gravity of the offense, the time that has passed since the offense; whether the offense involved dishonesty, theft or violence, type and amount of harm caused by the offense; who was harmed by the offense; the likelihood of re-offense; and the degree of rehabilitation since the offense.

- + A consistent pattern or unexplained failures to meet debt obligations will be evaluated.

- + An applicant who gives false or misleading information to the Jail on the application or during the application process WILL BE DISQUALIFIED.

- + History of excessive uses of alcohol WILL DISQUALIFY an applicant.

- + Unlawful sale of ANY drug(s) WILL DISQUALIFY an applicant.

- + Other conduct not specified will be evaluated.

To provide such duties that is required in the operation of the Shelby County Jail. The jailer is required to perform his/her duties in such a manner as to insure that secure, safe and sanitary conditions exist at all times. Please see attached pages for Jailer Duties & Responsibilities defined with Shelby County Jail.

Examples of Duties:

- * Booking and discharging of inmates and the proper recording of all appropriate inmate demographic information.
- * Control all access to jail.
- * Photograph and fingerprint all new admissions.
- * Interpret and comply with all bond conditions and court orders.
- * Allow and supervise prisoner access to educational, recreational, religious and library services.
- * Allow attorneys, probation agents, clergymen, and other authorized individuals access to inmate clients, document all appropriate inmate incidents and activities, including correspondence, visitation, medication, recreation and disciplinary problems.
- * Control and deliver all prescriptions and non-prescription drugs and pharmaceuticals.
- * Receive bail bond monies & certificates.
- * Comply with all procedures and schedules for meals, laundry, cleaning, maintenance, and inmate activities.
- * Identify and take appropriate action with all special inmates such as juveniles, females, mentally disturbed and physically ill inmates.
- * Facilitate and document work release inmate departures and arrivals.
- * Prevent and report all damage to jail property and any jail mechanical matters.
- * Maintain constant 24-hour supervision of all inmates and jail facilities.
- * Escort inmates (individually or in groups) to work assignments or other activities.
- * Supervise inmates on work assignments as assigned.
- * Inspect cells, dayrooms, hallways, and recreation and visitation area for contraband.
- * Enforce rules of conduct by making both verbal and written reports to superiors.
- * Assists in averting fights, riots, and disruptive behavior undertaken by inmates.
- * Transfer to court, doctor, and other treatment clinics.
- * Distributes cleaning and sanitation supplies; deliver commissary orders, medications and mail; picks up and delivers personal laundry and bedding for inmates.
- * Operates all locking devices (manual or electronic).
- * Advise public on visiting hours and supervises visiting.
- * Display ability to take control and establish authority & use of force if needed
- * Maintain composure and professionalism in all dealings
- * Other duties as directed by the Sheriff or Jail Administration for the efficient operation of the jail.

Qualifications:

- a. No felony criminal convictions. Any criminal activity convictions will be researched
- b. Must possess a valid driver's license
- c. Must be 18 years of age or older
- d. Possess a high school diploma or equivalent
- e. Able to read and write
- f. be of moral character

Physical Requirements: The employee is regularly required to:

- i. Talk
- ii. Hear
- iii. Vision: accurately view computer screen, read reports, adjust and focus both long and short distances, depth perception, distinguish faces and objects.
- iv. Taste
- v. Smell
- vi. Stand, walk, sit, and reach with hands and arms.
(The employee is occasionally required to): Climb, balance, stoop, kneel, crouch, or crawl.
You may be required to lift and/or move more than 60 pounds.
- vii. Regular & dependable attendance

Training and Certifications: (To be completed after date of hire unless already certified.)

- a. Completion of 40 hours Basic Jail Officers "Training" within 1st year from Academy.
- b. Completion of 20 hours yearly recertification for Jail Officers.
- c. CPR/First Aid (Trained & Certified after hire)
- d. Defensive Tactics/Emergency Restraint Chair (Trained after hire)
- e. Additional training as offered/scheduled during employment.

Supplemental Information:

- a. Working knowledge of computers and software programs.
- b. Good organizational and communications skills.
- c. Ability to develop a wide range of knowledge of departmental procedures and techniques.
- d. Knowledge of techniques and inmate control and precautionary measure used in escorting and supervising inmates.
- e. Knowledge of defensive tactics or display ability to defend self if situation occurs.
- f. Knowledge of first aid and CPR.
- g. Ability to supervise the activities of inmates and deal with situations requiring tact, fairness, firmness and good judgment.
- h. Ability to remain alert at all times and reacts quickly and calmly in emergency situations.
- i. Ability to work with diverse cultural groups and individuals.
- j. Ability to work under stressful situations and maintain composure.
- k. Maintain effective working relationships with inmates, the public and fellow employees.
- l. Ability to take direction.
- m. Ability to work varying shifts without direct supervision and or immediate backup.
- n. Ability to understand and work with Federal, State, County, and Local laws and ordinances.
- o. Ability to accurately interpret individual's mental and physical conditions.

**Any questions, please feel free to contact Shelby County Jail Administrator
Kyle Lindberg (712)-755-5026
klindberg@shco.org**

You can drop off at the Sheriff's Office (Monday – Friday) during regular office hours of 8am to 4pm.

You can mail to address: Shelby County Sheriff's Office
 Attention: Kyle Lindberg
 1104 9th St
 Harlan IA 51537

You can fax to 712-755-2481 (Attention Kyle Lindberg)