

Is there any reason why you would be unable to perform the essential functions of the job for which you are applying? Yes _____ No _____ If yes, please explain _____

Do you have a valid Driver's License? Yes _____ No _____

Do you have a valid Commercial Driver's License? Yes _____ No _____

If yes, what state? _____

Has your driver's license been suspended or revoked during the past year? _____ If yes, please explain _____

Have you been convicted or have you pled guilty to two or more moving traffic violations the past two years? _____

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE PARTICULARS ON SEPARATE SHEET. A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.

List below any motorized equipment you can operate:

Do you use a typewriter? Yes _____ No _____ Speed _____

Do you write Shorthand? Yes _____ No _____ Speed _____

Are you computer literate? Yes _____ No _____

List below any office machines, computers and computer programs you can operate:

EDUCATIONAL EXPERIENCE

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YR. ATTENDED	DIPLOMA
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Secondary/
Equivalent

College or
Technical

Other
(Specify)

Vocational

Do you have a high school equivalency certificate (G.E.D.)? Yes _____ No _____ If yes, submit documentation.

If you have not graduated from high school, will you do so within the next eight months? Yes _____ No _____

NOTE: If you are applying for a position that requires certificate of completion, college education or graduation, submit a copy of your official documents or transcripts.

List any special training (vocational schools, short course, workshops, etc.) that would aid you in the performance of the position, for which you are applying:

If the job announcement requires the operation of specific machinery or special skills, list those for which you are competent. _____

List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognitions you received while attending school. _____

List any special abilities, interest, sports, or hobbies. _____

If you need additional space to respond, please give particulars on separate sheet.

EMPLOYMENT RECORD

LIST ALL EMPLOYMENT FOR THE PAST FIFTEEN YEARS, CHRONOLOGICALLY, BEGINNING WITH THE MOST RECENT. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. If you need additional space, please use blank sheets in the same form and attach to this application. **NOTE: Resumes will not be accepted in lieu of completion of this part, or any part, of this application.**

Present or last employer _____
Address _____ City _____ State _____ Phone _____
From _____ to _____ Supervisor _____
Work Performed _____

Starting Salary _____ Current Salary _____ Reason for leaving: _____
Full-time Yes _____ No _____ Part-time no. of Hours _____

Employer _____
Address _____ City _____ State _____ Phone _____
From _____ to _____ Supervisor _____
Work Performed _____

Starting Salary _____ Current Salary _____ Reason for leaving _____
Full-time Yes _____ No _____ Part-time no. of Hours _____

Employer _____
Address _____ City _____ State _____ Phone _____
From _____ to _____ Supervisor _____
Work Performed _____

Starting Salary _____ Current Salary _____ Reason for leaving _____
Full-time Yes _____ No _____ Part-time no. of Hours _____

Employer _____
Address _____ City _____ State _____ Phone _____
From _____ to _____ Supervisor _____
Work Performed _____

Starting Salary _____ Current Salary _____ Reason for leaving _____
Full-time Yes _____ No _____ Part-time no. of Hours _____

Employer _____
Address _____ City _____ State _____ Phone _____
From _____ to _____ Supervisor _____
Work Performed _____
Starting Salary _____ Current Salary _____ Reason for leaving _____
Full-time Yes _____ No _____ Part-time no. of Hours _____

List any in-service training or instruction courses or programs you have completed with the above listed employers . _____

If a license, certification, or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of these appropriate documents.

PERSONAL REFERENCES WE MAY CONTACT
(Not former employers or relatives)

Name _____ Occupation _____
Address _____ City _____ State _____
Phone _____ No. of years acquainted _____

Name _____ Occupation _____
Address _____ City _____ State _____
Phone _____ No. of years acquainted _____

Name _____ Occupation _____
Address _____ City _____ State _____
Phone _____ No. of years _____

PLEASE READ BEFORE SIGNING

APPLICANT STATEMENT

I authorize Monroe County, Iowa to make a thorough investigation of my past employment, education and job-related activities and I release from all liability, all persons, companies, and corporations supplying such information. I also indemnify Monroe County, Iowa against any liability which might result from making such investigation. Additionally, I authorize Monroe County, Iowa, to supply my employment record in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that Monroe County, Iowa deems appropriate. Falsification or misrepresentations of facts are grounds for immediate dismissal at any time. An incomplete application may not be considered for employment. I understand that the position for which I am applying is an at-will employment position, and no contractual relationship is being created as a part of the employer-employee relationship.

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information is true and contains no misrepresentations. I am aware that all statements submitted on this application are subject to investigation and verification. I agree to provide Monroe County, Iowa, written releases and waivers of confidentiality should any former employer or school require such a release.

Signature of Applicant _____ **Date** _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Application received _____ Application reviewed by _____

Application meets or exceeds minimum qualifications for position? Yes _____ No _____

If no, explain deficiencies below.

Physical Date and Time _____

Returned _____



**MONROE COUNTY, IOWA
RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize you or your designee to release information concerning me, whether on record or not, to Monroe County, Iowa. I also release any individual, partnership or corporation and their officers, agents, and employees from any liability from any damage whatsoever for issuing such information.

A PHOTOSTAT COPY OF THIS AUTHORIZATION IS CONSIDERED AS VALID AS THE ORIGINAL.

Signature of Witness

Signature of Applicant

Date

Date