

**MONROE COUNTY, IOWA  
APPLICATION FOR EMPLOYMENT**

**NOTICE:** Application must be clearly printed in ink or typed. Read the position description and be sure you meet the Qualifications listed. All questions must be answered, if applicable. If not, indicate NA (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach separate sheets of the same size as this application, and number answers to correspond with questions. Submit all transcripts and documents at time of application.

**IT IS THE POLICY** of Monroe County to provide equal employment opportunities to all qualified persons without regard to race, color, religion, sex, national origin, physical or mental disabilities, marital status, veteran status, or any other status protected by law. It is our intent and desire that equal employment opportunities will be provided in employment, recruitment, selection, compensation, benefits, promotion, demotion, layoff, termination and all other terms and conditions of employment. Disabled applicants who need accommodations to complete this application or for an interview should make their request known to Employer.

**NOTICE:** Prospective employees who receive a conditional offer of employment will not begin employment until the successful completion of a pre-employment physical, criminal background check, and drug/alcohol test. Positions requiring a Commercial Driver's License and/or employees in a safety sensitive position are also subject to drug/alcohol testing in the following situations: post-accident, random, reasonable suspicion, return to duty following medical leave, follow up testing for prior drug/alcohol usage or any testing allowed pursuant to Federal, State of Iowa or Department of Transportation regulations.

**POSITION APPLIED FOR:** \_\_\_\_\_  
On what basis are you available for employment? Full time \_\_\_\_\_ Part time \_\_\_\_\_  
How did you learn about the position? \_\_\_\_\_  
(Newspaper, radio, personnel announcement, walk in etc.)

- PLEASE FOLLOW THESE GENERAL INSTRUCTIONS**
1. Read the position description and be sure you meet the "Qualifications" listed.
  2. Answer all questions and complete all spaces on this application.
  3. Submit all transcripts, and documents at time of application.

<p><b>VETERAN'S PREFERENCE</b></p> <p>Are you a U.S. Veteran? Yes _____ No _____</p> <p>Dates of active duty _____ From _____ to (mo., day, yr.) _____</p> <p>Are you a member of the reserves or national guard? Yes _____ No _____</p> <p>Those wishing to claim veteran's preference <b>MUST SUBMIT PROOF OF SERVICE (DD 214)</b> which includes dates of active duty.</p>	<p>Have you ever filed an application with Employer? Yes _____ No _____ Dates _____</p> <p>Have you ever been employed by the Employer? Yes _____ No _____</p> <p>Can you, after employment, submit verification of your legal right to work in the United States? Yes _____ No _____</p> <p>Proof of citizenship or immigration status will be required upon employment.</p>
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**Name** \_\_\_\_\_  
**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

Have you ever worked under a different name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name \_\_\_\_\_

Present Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been discharged or asked to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a serious misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above questions, please explain on a separate sheet of paper. Answering yes does not automatically exclude you from employment with Monroe County.

Do you object to inquiry of your present employer in regard to your character, work record, qualifications or abilities?  
Yes \_\_\_\_\_ No \_\_\_\_\_ other information \_\_\_\_\_

**If you answer "no" and we need to contact your present employer before we can offer you a job, we will contact you first.**

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:

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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:

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### 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:

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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.**

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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.

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

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Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ No. of years acquainted \_\_\_\_\_

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Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ No. of years acquainted \_\_\_\_\_

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Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ No. of years \_\_\_\_\_

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**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.

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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.

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Signature of Witness

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Signature of Applicant

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Date

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Date



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

**To: Iowa Division of Criminal Investigation**  
**Support Operations Bureau, 1<sup>st</sup> Floor**  
 215 E. 7<sup>th</sup> Street  
 Des Moines, Iowa 50319  
 (515) 725-6066  
 (515) 725-6080 Fax

**From:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Waiver Information:** Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

**Waiver Release:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

**Waiver Signature:** \_\_\_\_\_

<h3><u>Iowa Criminal History Record Check Results</u></h3>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

### **Waiver Information:**

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

### **General Information:**

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment*** ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence*** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.