

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.

VETERAN'S PREFERENCE

Are you a U.S. Veteran? Yes _____ No _____

Dates of active duty _____

From _____ to (mo., day, yr.)

Are you a member of the reserves or national guard?

Yes _____ No _____

Those wishing to claim veteran's preference **MUST SUBMIT PROOF OF SERVICE (DD 214)** which includes dates of active duty.

Have you ever filed an application with Employer?

Yes _____ No _____ Dates _____

Have you ever been employed by the Employer?

Yes _____ No _____

Can you, after employment, submit verification of your legal right to work in the United States?

Yes _____ No _____

Proof of citizenship or immigration status will be required upon employment.

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 _____

Social Security Number _____

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:

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