

APPLICATION FOR EMPLOYMENT

Buchanan County is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Social Security Number: _____

Do you possess an Iowa Driver's License? Yes ___ No ___ DL# _____

Commercial Driver's License (CDL) endorsement: Yes ___ No ___ Class _____

APPLICANT QUESTIONS:

Position applying for: _____ Salary desired: _____ Date Available: _____

Are you available for work: Full-Time Part-Time Temporary Seasonal

Are you 18 years of age or older? Yes No

Are you a military Veteran? Yes No

Are you legally able to work in the United States? Yes No

If Yes, Date of Active Duty: From: _____ To: _____

Have you ever been convicted of, pled guilty of, or no contest to a crime other than a minor traffic violation? Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness, nature of the violation, and rehabilitation will be taken into account.

Do any of your friends or relatives, work here? Yes ___ No ___ What Department: _____

EDUCATION:

School or last grade completed:

Name/Address of School: _____

Did you Graduate? Yes ___ No ___ Major Studies: _____

College or Technical School

Name/Address of School: _____

Did you Graduate? Yes ___ No ___ Major Studies: _____

Other Schooling or Training

Name/Address of School: _____

Did you Graduate? Yes ___ No ___ Years Attended/Major Studies: _____

Special Qualifications (include technical and professional licenses, awards, etc.): _____

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.): _____

RECORD OF EMPLOYMENT:

List employers, starting with the current or most recent (Explain all gaps in time of employment):

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

RECORD OF EMPLOYMENT (continued):

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties _____

Reason for Leaving: _____

Note to Applicant: DO NOT ANSWER THE FOLLOWING QUESTION(S) UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

A copy of the job description or occupation has been given? Yes No

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Buchanan County is at-will, meaning that the County or I may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the County to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the County, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that any offer of employment with the County will be contingent on passing a job-related physical examination, and/or successful completion of a drug and/or alcohol test as a condition of employment.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

Have you ever been known by any other name(s) that the county will require to verify any of the information on this application?

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ Date Signed: _____

OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ TIME RECEIVED: _____ A.M./P.M.