**MAHASKA COUNTY, IOWA**

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national original, age, disability, marital or veteran status, or any other legally protected status.

Please be advised that because Mahaska County is a public entity, it is subject to the requirements of Chapter 22, Code of Iowa, regarding the examination of public records, and this Application may be subject to examination under that statute.

*(PLEASE PRINT)*

| Position(s) Applied For | Date of Application |
|---|---|
| | |

How Did you Learn About Us?

☐ Advertisement ☐ Relative ☐ Inquiry

☐ Employment Agency ☐ Friend ☐ Other _____

| Last Name | First Name | Middle Name |
|---|---|---|
| | | |

| Address: | *Number* | *Street* | *City* | *State* | *Zip Code* |
|---|---|---|---|---|---|
| | | | | | |

| Telephone Number(s) | Social Security Number |
|---|---|
| | |

Best time to contact you at home is: _____ ☐ AM ☐ PM

☐ Yes ☐ No If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No Have you ever filed an application with Mahaska County before?
If yes, give date and position applied for: _____

☐ Yes ☐ No Have you ever been employed by Mahaska County before?
If yes, give date and position held: _____

☐ Yes ☐ No Do any of your friends or relatives, other than spouse, work for Mahaska County?
If yes, provide name and position or department for each such person:
_____

☐ Yes ☐ No Are you currently employed?

☐ Yes ☐ No May we contact your present employer?

☐ Yes ☐ No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required if an offer of employment is made.*

☐ 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 a conviction for a minor traffic violation?

☐ Yes ☐ No Has your driver's license ever been suspended or revoked?

IF YOU HAVE ANSWERED "YES" TO ANY OF THE FOREGOING QUESTIONS, PLEASE PROVIDE ALL PARTICULARS ON AN ATTACHED SHEET. A "YES" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION OF YOUR APPLICATION OR FROM EMPLOYMENT.

Date available for work: _____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time (Please indicate ☐ 1st ☐ 2nd ☐ 3rd shift)

☐ Part-Time (Please indicate ☐ Mornings ☐ Afternoon ☐ Evenings)

☐ Temporary (Please indicate dates available: _____ to _____)

☐ Yes ☐ No Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No Can you travel if a job requires it?

Veterans Preference

Chapter 35C of the Code of Iowa provides certain rights, including preference in hiring if equally qualified, to certain veterans of United States Military Service. Qualification for these rights is defined in the statute.

Are you a Veteran of United State Military Service? Yes _____ No _____

Branch of Service and dates of Active Duty: _____

Are you a member of the Reserves or National Guard? Yes _____ No _____

Any person who may wish to claim a Veterans Preference must submit a copy of a certified form DD214 by the deadline set for the receipt of applications for the position that the person is applying for.

QUALIFICATIONS

Please read the attached position description for the position of _____

Do you know of any reason that you would not be able to perform the essential functions of this position, with or without a reasonable accommodation?

☐ Yes ☐ No

If you have answered "yes" to this question, you may provide, on a voluntary basis, information which you believe would help to explain your answer (You are not required to provide this information at this time):

_____

_____

_____

_____

_____

_____

_____

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status

| 1. Employer | | Dates Employed From | Dates Employed To | Work Performed |
|---|---|---|---|---|
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/Salary Starting | Hourly Rate/Salary Final | |
| Reason for Leaving | | | | |
| 2. Employer | | Dates Employed From | Dates Employed To | Work Performed |
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/Salary Starting | Hourly Rate/Salary Final | |
| Reason for Leaving | | | | |
| 3. Employer | | Dates Employed From | Dates Employed To | Work Performed |
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/Salary Starting | Hourly Rate/Salary Final | |
| Reason for Leaving | | | | |
| 4. Employer | | Dates Employed From | Dates Employed To | Work Performed |
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/Salary Starting | Hourly Rate/Salary Final | |
| Reason for Leaving | | | | |

*If you need additional space, please continue on a separate sheet of paper.*

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, or other protected status.*

_____

_____

_____

_____

## EDUCATION

Circle highest year of education completed

1 2 3 4 5 6 7 8 9 10 11 12 High School graduate or equivalent (GED)? ☐ Yes ☐ No

If yes, where and in what year was diploma or GED received?

_____

| Name and Location of Schools Attended or Vocational Training Obtained Beyond High School | Dates Attended | | Degree/Certification |
|---|---|---|---|
| | Mo/Yr | Mo/Yr | |
| | | | |
| | | | |
| | | | |
| | | | |

## ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

_____

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

| | | Production/Mobile Machinery (list) | Other (list) |
|---|---|---|---|
| ☐ Terminal | ☐ Spreadsheet | _____ | _____ |
| ☐ PC/MAC | ☐ Word Processing | _____ | _____ |
| ☐ Typewriter | ☐ Shorthand | _____ | _____ |
| WPM _____ | WPM _____ | _____ | _____ |

State any additional information you feel may be helpful to us in considering your application.

_____

_____

_____

_____

_____

REFERENCES

1. Name _____ Phone _____
   Address _____
2. Name _____ Phone _____
   Address _____
3. Name _____ Phone _____
   Address _____

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigations of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

I authorize Mahaska County to conduct a check of the status of my driver's license and my driving record and agree to sign an authorization for this specific purpose.

This Application for Employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Mahaska County is of an *"at will"* nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Mahaska County.

In the event of employment, I understand that false or misleading information given in my Application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I agree to give Mahaska County permission to complete appropriate background checks, and agree to sign permission/authorization documents so that this can be accomplished. ☐ YES ☐ NO

_____ _____

Signature of Applicant Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? ☐ YES ☐ NO

Remarks _____

_____

_____

Interviewer Date

Employed? ☐ YES ☐ NO Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____

Name and Title Date