

MAHASKA COUNTY

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Phone () -
	City, State, Zip				Business Phone () -
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____				Social Security No.
	Position Desired				Pay Expected
	How did you learn of our organization?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?				When will you be available to begin work? _____
	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.				
	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with what employers? _____				
	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.				
	State names of relatives and friends working for us other than your spouse.				
	Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

ARE YOU WILLING TO RELOCATE TO MAHASKA COUNTY? YES NO

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DATES ATTENDED
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	From _____ To _____
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	From _____ To _____
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	From _____ To _____
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	From _____ To _____

EMPLOYMENT EXPERIENCE

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

5	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number (s) _____ Reason _____

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Summarize special training or skills acquired from employment or other experience. (Machine operation, typing, bookkeeping, mechanics, heavy equipment, etc.)

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COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Branch of Service

Describe your duties and any special training

Period of Active Duty (Month & Year)

From To

Rank at Discharge

Date of Final Discharge

List the name, address, title and telephone number of three references who are not related to you and are not previous employers.

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1

Name _____

Title _____

Address _____

Telephone _____

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Name _____

Title _____

Address _____

Telephone _____

3

Name _____

Title _____

Address _____

Telephone _____

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I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

_____ date

_____ signature

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS

T E S T R E S U L T S	TESTS ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

I N T E R V I E W R E S U L T S	NAME OF INTERVIEWER	DATE AND COMMENTS

Office of the Sheriff

Mahaska County

PAUL R. DeGEEST
Sheriff

62-1 Ext. 501

RENEE L. STEINKE

Civil Supervisor
Ext. 511

LARRY D. SEPTER

Jail Adm.
Ext. 520
Jail
(641) 673-2591

Phone: (641) 673-4322

Fax: (641) 672-1191

214 High Avenue East

Oskaloosa, Iowa 52577



DEPUTIES

Lyle Dickey
62-2 Ext. 502

Richard Adams
62-3 Ext. 503

Randy Poe
62-4 Ext. 504

Trevor Wells
62-5 Ext. 505

Scott Miller
62-7 Ext. 507

Matt McCain
62-8 Ext. 508

Don DeKock
62-10 Ext. 510

Doug McMillan
62-14 Ext. 514

INFORMATION RELEASE

NAME _____

DATE OF BIRTH _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____ TELEPHONE _____

TO WHOM IT MAY CONCERN:

I, the undersigned, hereby grant permission to disclose and/or deliver to applicable officials of the Mahaska County Sheriff's Office, Oskaloosa, Iowa, and all information contained in my record. Such information disclosed or delivered may include my complete case history, as shown by my school, employment, and/or institution records, or by my past medical history, or any other information relating to my application for employment for Mahaska County, Oskaloosa, Iowa.

I, the undersigned, also grant permission to disclose and/or deliver any and all information concerning any prior arrest and/or criminal record I may have of any type or sort, as well as any record which may exist concerning my involvement with drugs or alcohol.

Signature

Date

