



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  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> 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 motor vehicle/driver's license

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):

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

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**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?

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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)
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	_____	_____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> 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 _____	



Motor Vehicle Records Release

Date: \_\_\_\_\_

Attention: Employees Who drive Motor Vehicles in Connection with their Employment with Mahaska County, Iowa, or any of its affiliated Departments, Offices, Agencies or Boards. Employees who administer drive skills test.

I am aware that motor vehicle reports may be obtained as part of Mahaska County's evaluation of my job application and/or employment. The reports may be procured by Mahaska County or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, or an assessment of my insurability for the insurance program.

By signing this letter, I hereby provide my authorization for Mahaska County or their insurance company representative(s) to procure such information and reports, from time-to-time as deemed appropriate.

Sincerely,

Mahaska County Insurance Coordinator

\_\_\_\_\_  
Signature Applicant/Employee

\_\_\_\_\_  
Name as it appears on Driver's License

\_\_\_\_\_  
Driver's License Number/State of Issuance

\_\_\_\_\_  
Date of Birth

# 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

**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

# **MAHASKA COUNTY AUTO DEPARTMENT JOB DESCRIPTION 2015**

## **ESSENTIAL JOB DUTIES:**

1. Serve Public at Counter
2. Renewals thru mail
3. Storing Vehicles & Refunds
4. Balancing
5. Answer Phone
6. Duplicate Titles
7. Title Transfers
8. Keeping updated on DOT Laws
9. Working with Dealers
10. Imaging
11. Junking Certificates
12. Specialty Plates

## **MARGINAL JOB DUTIES:**

13. Reading Manual
14. Responding to e-mails
15. Meetings
16. Clean Office Refrigerator/Microwave
17. Other Assigned Duties

# MAHASKA COUNTY DRIVER'S LICENSE JOB DESCRIPTION 2015

## ESSENTIAL JOB DUTIES:

1. Drive Test
2. Serve Public at Counter
3. Issue Licenses
4. Bank Deposits
5. Answer Phone
6. Order Supplies
7. Shred Daily
8. Written Tests

## MARGINAL JOB DUTIES:

9. Stock Study Materials
10. Vision screening machine maintenance
11. Compiling statistics
12. Assisting Auto Dept.
13. Drive Test Course Maintenance
14. Mailing
15. Counter/Testing Table Cleaning
16. Clean Office Refrigerator/Microwave
17. Shred Auto Dept. Materials
18. Other Assigned Duties