

FAYETTE 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 Fayette 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: <i>Number</i>	<i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i>
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 Fayette County before?
If yes, give date and position applied for: _____
- Yes No Have you ever been employed by Fayette County before?
If yes, give date and position held: _____
- Yes No Do any of your friends or relatives, other than spouse, work for Fayette 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		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.

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

Type in Grade -->

Name and Location of Schools Attended or Vocational Training Obtained Beyond High School	Degree/Certification

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 _____	

