

APPLICATION FOR EMPLOYMENT

Fayette County West Union, Iowa 52175

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 OR TYPE ALL ANSWERS)

PERSONAL DATA					
NAME	_____		_____		_____
	Last		First		Middle
ADDRESS	_____		_____		_____
	Number	Street	City	State	Zip Code
SOCIAL SECURITY #	_____		TELEPHONE #	()	_____
DRIVERS LICENSE #	_____		TELEPHONE #	()	_____

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 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: _____

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 States 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 certified copy of form DD214 by the deadline set for the receipt of applications for the position that the person is applying for.

EMPLOYMENT RECORD

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

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

REFERENCES

List the name, title, and address of three persons with knowledge of your character, experience, and ability. Do not list relatives.

Name _____	Title _____
Address _____	Phone _____
Name _____	Title _____
Address _____	Phone _____
Name _____	Title _____
Address _____	Phone _____

EDUCATION AND TRAINING

Circle highest year of education completed 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	

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):

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

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

CERTIFICATION OF APPLICANT

Read Carefully

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 Fayette 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 until the position is filled. 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 and reapply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Fayette 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 Fayette 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 Fayette 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