



# Employment Application

The position I am applying for is: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Best time to contact you  Morning  Afternoon  Evening

Driver's License Y / N \_\_\_\_\_ Number \_\_\_\_\_ CDL License Y / N \_\_\_\_\_ Class of CDL \_\_\_\_\_

### Please be sure to answer all items completely and accurately.

Type of work you would accept:  Full time  Part time  Summer  Temporary

Shift preferred:  Day  Evening  Night

What date would you be available for work? \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No If yes, Month/Year \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, in what capacity? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

What is the minimum salary that you would accept? \_\_\_\_\_

Are you 18 years old or older?  Yes  No

Would you be willing to work overtime if required?  Yes  No

Would you be willing to relocate if required?  Yes  No

Would you be willing to travel if required?  Yes  No

Are you legally eligible to be employed in the U.S.?  Yes  No *Proof of identity and eligibility will be required upon employment*

Do you have any relatives, including in-laws, currently employed by us?  Yes  No

If yes, state the name, relationship and department in which they are employed.

**Veterans Preference** Iowa Law provides certain rights, including preference in hiring if equally qualified, to certain veterans of United States Military Services. Qualification for these rights as defined in the statute.

Are you a Veteran of United States Military Services?  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.

Have you ever been convicted of a crime (other than a minor traffic violation)?  Yes  No

If so, please indicate the nature of the offense, date, state and disposition.

A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying.

## Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree			
Course of Study			

Describe any skills, specialized training, apprenticeship, certifications, licensures, and applicable extra-curricular activities.

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List equipment and computer software you can operate if applicable to the position.

Type	Tasks Performed	Years of Experience
Type	Tasks Performed	Years of Experience
Type	Tasks Performed	Years of Experience

## Personal References

Give name, address, telephone number and relationship of three references who are not related to you and are not previous employers.

- |      |         |       |              |
|------|---------|-------|--------------|
| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
- |      |         |       |              |
|------|---------|-------|--------------|
| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
- |      |         |       |              |
|------|---------|-------|--------------|
| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|

## Employment Experience

List previous 10 years of employment. Start with your present or last job. Add another sheet if necessary. Please explain any gaps of employment

Employer	Dates Employed From / To	Work performed
Address		
Telephone number		Hourly Rate/Salary Starting / Final
Job title		
Supervisor		
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
Employer	Dates Employed From / To	Work performed
Address		
Telephone number		Hourly Rate/Salary Starting / Final
Job title		
Supervisor		
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
Employer	Dates Employed From / To	Work performed
Address		
Telephone number		Hourly Rate/Salary Starting / Final
Job title		
Supervisor		
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days and only for the position applied for. If I wish to be considered for employment beyond this time period or for another position, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationships with Cedar County is of an At-Will nature, which means that the employee may resign at any time and that Cedar County may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Cedar County constitutes an employment contract unless a specific document to that effect is executed by Cedar County and be in writing.

I hereby acknowledge that as a condition of employment I may be required to submit to, and successfully pass, a criminal background check, credit history check, post-offer pre-employment physical and drug screen for specific jobs.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Cedar County cost. I understand that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

Date

I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request that my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session as to protect my reputation.

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Signature of Applicant

Date

If you do not sign this acknowledgement/request your application may become a public record and consideration of your application may be done in open session.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?  Yes  No

Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

It is the policy of Cedar County to provide equal treatment to all Cedar County employees and applicants for Cedar County employment without regard to race, color, religion, political affiliation, creed, sex, sexual orientation, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

*Individuals in need of special accommodations are asked to notify our office in advance.*

**Release and Authorization**

I hereby authorize Cedar County to obtain any driving records pertaining to me for the purpose of consideration with respect to my application for employment.

Print Name \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Type of Drivers License \_\_\_\_\_

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

*Mandatory for Law Enforcement Applicants **ONLY**. Information used to conduct criminal history investigation.*

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Witness