

CEDAR COUNTY, IOWA

APPLICATION FOR EMPLOYMENT

Cedar County provides equal employment opportunities to all applicants for employment and to all employees and does not discriminate on the basis of age, race, creed, color, sex (including pregnancy), sexual orientation, gender identity, national origin, religion, disability or any other legally protected status or characteristic.

Please be advised that because Cedar 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
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How Did you Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
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Address:	Number	Street	City	State	Zip Code
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Home Telephone Number	Mobile Telephone Number	Other Telephone Number	Email Address:
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Best time to contact you is: _____ AM PM

Preferred method of contact: _____ (i.e. specific phone number or email)

- 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 Cedar County before?
If yes, give date and position applied for: _____
- Yes No Have you ever been employed by Cedar County before?
If yes, give date and position held: _____
- Yes No Do any of your friends or relatives work for Cedar 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 for which the person is applying.

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.

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.

EDUCATION

High School graduate or equivalent (GED)? Yes No
 Number of years of education completed after High School or Equivalent _____

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 _____	
Relationship _____	
2. Name _____	Phone _____
Address _____	
Relationship _____	
3. Name _____	Phone _____
Address _____	
Relationship _____	

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION CONTAINED IN
MOTOR VEHICLE/DRIVING RECORD

I hereby give my full and complete authorization and express written consent for the release of personal information contained in my motor vehicle/driving record. This authorization is given in connection with either my application for employment with or my ongoing employment with Cedar County, Iowa. This authorization is being given with the understanding that Cedar County, Iowa, either as a part of my application for employment or my ongoing employment, will obtain and evaluate my personal motor vehicle/driving record as a part of the County's practice to evaluate this information for the purpose of determining insurability and other insurance matters. I further understand that this information will be provided to the Consultant to the Heartland Insurance Risk Pool for the purpose of evaluation.

This authorization is given pursuant to the provisions of 18 United States Code, Section 2721, et. seq. and Section 321.11, Code of Iowa. Copies of these two provisions may be obtained by me upon my request to the Cedar County Insurance Coordinator.

Dated this _____ day of _____, 20____.

Signature of Applicant/Employee

Name as it appears on Driver's License

Driver's License Number/State of Issuance

Date of Birth

Safety Coordinator for Cedar County, Iowa

2/2019