

Iowa County 9-1-1 Office

960 Franklyn Ave.

Marengo, Ia. 52301

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status.

(Please Print)

Position(s) Applied For:	Date of Application:
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Full Name (Last, First, Middle)	Social Security Number:
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List any other names you have used.

At what address & telephone number(s) can we reach you?

e-mail:

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? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you a veteran of the U.S. Armed Forces? Yes No

Dates of military service: _____ Branch _____

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

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

Education

	Name and Address of School	Course of Study	# of Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities

Describe any job-related training received in the United States military

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.

Employer:		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer:		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer:		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer:		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
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, disability, or other protected status.

Additional Information

Other Qualifications

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

References:

Name:

Phone Number: ()

Address:

Name:

Phone Number: ()

Address:

Name:

Phone Number: ()

Address:

Acknowledgement to Voluntarily Submit to Pre-Employment Physical and Drug Test

I, the undersigned, as a term of condition of possible employment with Iowa County hereby voluntarily consent to a Pre-employment Physical Examination and Drug Test. I recognize my employment is dependent, among other things, upon passing all such tests to the exclusive satisfaction of Iowa County. Iowa County shall keep all results confidential recognizing that such information may be disseminated to certain individuals within the company needing to have such information.

I hereby swear and affirm that each statement and all information in this questionnaire are COMPLETE, TRUE, and ACCURATELY recorded. I understand that providing FALSE, MISLEADING and/or INCOMPLETE information on this questionnaire is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.

(Applicant Signature)

(Date)

Iowa County 9-1-1 Office

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Iowa County 9-1-1 Office, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Iowa County 9-1-1 Office. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Iowa County 9-1-1 Office and Iowa County Office of Personnel from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) IS COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

(Signature of Applicant)

(Date)

**If you have signed this authorization, please complete release addendum A*

RELEASE - ADDENDUM A

Name: _____

What is your date of birth? _____

What is your place of birth? _____

List all states where you have held a driver's license:

Date: _____