

Employment Application



The position I am applying for is: _____

Last Name First Name Middle Name

Address Street City State ZIP Code

Telephone Social Security Number

List additional names you have used: _____

Please list an additional phone number where we can leave a message:

Name: _____ Number: _____

How did you learn about the employment opportunity?

- Newspaper Job Service Employment Agency Friend Other
 Walk-in Website Education Institution Employee

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

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, 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)

Employment Experience

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

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

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

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 Iowa County cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Acknowledgment 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.

Signature of Applicant

Date

It is the policy of Iowa County to provide equal treatment to all Iowa County employees and applicants for Iowa 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 who may need special accommodations to complete the application are asked to notify our office in advance so that we may make appropriate accommodation arrangements.