

WARREN COUNTY APPLICATION FOR EMPLOYMENT

“AN EQUAL OPPORTUNITY EMPLOYER”

POSITION APPLIED FOR: _____
 On what basis are you available for employment? Full Time _____ or Part time _____

- PLEASE FOLLOW THESE GENERAL INSTRUCTIONS
1. Read the position description and be sure you meet the “QUALIFICATIONS” listed.
 2. Answer all questions and complete all spaces on this application.
 3. Submit all transcripts, and documents at time of application.

PRINT OR TYPE

Last Name	First Name	Middle Name or Initial
Address (Number and Street)	City	County
State	Zip	Phone number
Are you at least eighteen years of age? Yes _____ No _____		
Email _____		

<p>VETERAN’S PREFERENCE Are you a U.S. Veteran? Yes _____ No _____ Those wishing to claim veteran’s preference MUST SUBMIT PROOF OF SERVICE (DD 214) which includes dates of Active duty</p>	<p>Have you ever been employed by the Employer? Yes ___ No ___ (Mandatory for Law Enforcement Applicants Only----- Date of Birth ____/____/____</p> <p>Can you, after an offer of employment, submit verification of your legal right to work in the United States? Yes _____ No _____ Proof of citizenship or immigration status will be required upon Employment</p>
<p>Have you ever filed an application with the Employer? Yes _____ No _____ Date _____</p>	

Have you ever been discharged or asked to resign from employment? Yes _____ No _____
 Have you ever been convicted of a crime other than minor traffic violation? Yes _____ No _____
 Do you object to inquiry of your present employer in regard to your character, work record, qualifications?
 Or abilities? Yes _____ No _____ Other information _____

**IF YOU ANSWER “YES” AND WE NEED TO CONTACT YOUR PRESENT EMPLOYER BEFORE WE CAN OFFER
 YOU A JOB, WE WILL CONTACT YOU FIRST.**

Is there any reason why you would be unable to perform the essential functions of the job with or without accommodations
 for which you are applying? _____
 if yes, please explain.

Have you been convicted or have you pled guilty to two or more moving traffic violations the past two years? _____
 If yes, please explain.

_____ IF YOU HAVE

**ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE PARTICULARS ON SEPARATE
 SHEET. A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.**

If required for the job you are applying for do you possess: a valid Driver’s License? Yes _____ No _____
 Do you possess a valid Commercial Driver’s License? Yes _____ No _____ If yes, what state? _____
 List any motorized equipment you can operate:

 List any office equipment you can operate:

EMPLOYMENT RECORD

List below, in reverse order the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as completed information as possible. If you have more than six (6) separate periods of employment, fill out blank sheet in the same form as that outlined below and attach. **NOTE: Resumes will not be accepted in lieu of completion of this part, or any part, or this application.**

1. Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Supervisor _____ Department _____ Full time? Yes _____ No _____
Your Title _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____
Reason for Leaving: _____
Specific Duties: _____

2. Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Supervisor _____ Department _____ Full time? Yes _____ No _____
Your Title _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____
Reason for Leaving: _____
Specific Duties: _____

3. Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Supervisor _____ Department _____ Full time? Yes _____ No _____
Your Title _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____
Reason for Leaving: _____
Specific Duties: _____

4. Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Supervisor _____ Department _____ Full time? Yes _____ No _____
Your Title _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____
Reason for Leaving: _____
Specific Duties: _____

5. Present or last employer _____ Date Employed _____
 Address _____ City _____ State _____ Date Separated _____
 Phone _____ Total Months Employed _____
 Supervisor _____ Department _____ Full time? Yes _____ No _____
 Your Title _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____
 Reason for Leaving: _____
 Specific Duties: _____

6. Present or last employer _____ Date Employed _____
 Address _____ City _____ State _____ Date Separated _____
 Phone _____ Total Months Employed _____
 Supervisor _____ Department _____ Full time? Yes _____ No _____
 Your Title _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____
 Reason for Leaving: _____
 Specific Duties: _____

List any in-service training or instruction courses or programs you have completed with the above listed employers.

If a license, certification, or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of these appropriate documents.

EDUCATION RECORD

1. HIGH SCHOOL Did you graduate from high school? Yes _____ No _____
 Circle grade last completed 8 9 10 11 12
 Name of last school attended _____ if you plan to graduate within eight months, please indicate anticipated date
 Location (City/State) _____
 High school equivalency certificate? (G.E.D.) Yes _____ No _____ if yes, please submit documented proof

2. VOCATIONAL TRAINING (BUSINESS, TRADES, TECHNICAL AND MILITARY SERVICE)

Name and Location	From Mo. Yr.	To Mo. Yr.	Subjects Studied	Diploma or Certificate Obtained Mo./Yr.
Name				
Location				
Name				
Location				
Name				
Location				

3. UNIVERSITY AND COLLEGE (UNDERGRADUATE, GRADUATE, DOCTORATE)

Name and Location	From Mo. Yr.	To Mo. Yr.	Major Field and Number of Hours	Minor Field and Number of Hours
Name				
Location				
Name				
Location				
Name				
Location				

Did you graduate? Yes _____ No _____ Degree Received _____ Date Received _____
 If you plan to graduate within eight months please indicate anticipated date _____

NOTE: If you are applying for a position that requires college education or graduation, please submit a copy of your official college transcript

MOST IMPORTANT – PLEASE READ

4. Failure to complete all parts of the application that apply to you will cause delay, and may result in our having to return your application. ALWAYS USE THE SAME NAME AND INITIALS WHEN YOU ARE SENDING INFORMATION TO THIS OFFICE ABOUT YOURSELF AND INDICATE ON THE DOCUMENTS THE TITLE(S) OF THE POSITION(S) FOR WHICH YOU ARE APPLYING. Have you're: 1. Completed all parts of the application listing every job, which you have held; 2. Enclosed copies of documents requested such as a college transcript, or special license; and 3. read the statement below, and signed the application?

BE SURE TO READ THIS STATEMENT BEFORE SIGNING

I HEREBY CERTIFY, that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

FURTHERMORE:

1. I am aware that all statements submitted on this application are subject to investigation and verification.
2. I authorize the person, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by the Employer in its processing of this application.
3. I agree to provide, upon request of the Employer written releases and waivers of confidentiality should any former employer or schools require such a release.
4. I understand that any withholding of information or misrepresentation on this application or on Employer medical forms could result in rejection for employment, or if employed termination from employer.
5. It is understood that if a conditional offer of employment is given, I may be required to successfully complete a medical exam and Physical Capacity Profile (PCP) before hiring is finalized. Medical exams and PCP testing will be conducted by a physician designated by the County of Warren and will be conducted at the expense of the County.
6. I understand that if I am applying for the position of peace officer I must meet or exceed all requirements as required by the Iowa Law Enforcement Academy, which include physical agility, vision and hearing standards.
7. I authorize the County to conduct a driving record check if driving will be required in my position with the County, and will complete a criminal check regarding my background and further authorize all governmental agencies, departments, bureaus or related entities to release any and all information regarding my driving record and criminal history, if any, and also agree to prepare and sign any other form necessary to complete a criminal background check. I understand that a conviction is not an automatic bar to employment, but that the County will consider the seriousness and nature of the crime, the date of the conviction, and the extent of any rehabilitation.
8. I understand the County has the option of conducting a credit check on me. If such a check will be preformed the County will provide me with written notice to comply with the Fair Credit Reporting Act. I agree to execute the appropriate authorization if presented to me by the County
9. If I am hired, I understand that I may resign at any time, with or without cause and without prior notice, and the County of Warren reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may re required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Warren County, other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.
10. The County of Warren does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.
11. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the County of Warren and still wish to be considered for employment, it will be necessary to fill out a new application.
12. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

“I agree”

Checking this box affirms that you understand and accept the terms described in the application.

DATE _____

DIGITAL SIGNATURE/TYPE NAME _____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

TO ALL APPLICANTS:

The following requested information in no way affects you as an individual applicant. This information is being gathered for research, validation of selection instruments, and federal reporting requirements only. This form will be removed from the Application before processing. Completing this information is completely voluntary

INSTRUCTIONS:

Place your numbered answer to each question on the space provided.

 A.

What sex are you?

1. Male 2. Female

 B.

Of which Racial/Ethnic Group do you consider yourself a member?

- | | |
|---|----------------------|
| 1. American Indian/Alaska Native | 4. Hispanic/Latino |
| 2. African American/Black | 5. White |
| 3. Asian | 6. Two or More Races |
| 7. Native Hawaiian/Other Pacific Islander | |

 C.

Do you have a disability as defined by the American with Disabilities Act (ADA)?

1. No 2. Yes

 D.

How did you learn about this job?

- | | |
|----------------------------|---------------------------|
| 1. County Employee | 5. Internet |
| 2. Friend | 6. County Website |
| 3. Newspaper or Periodical | 7. Bulletin Board Posting |
| 4. Workforce Center | 8. Walk in |

Position applying for _____ Name _____ Date _____

*Hispanic includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or other Spanish origin or culture regardless of race

** American Indian includes any of the original people of North American who maintain cultural identification through tribal affiliation or community recognition.

STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A

To: Iowa Division of Criminal Investigation From: _____
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515) 281-5138 (voice – days)
(515) 281-4776 (voice – evenings)
(515) 281-7991 (fax) Phone: _____

I am requesting an IOWA CRIMINAL HISTORY check on:

(Type of Print Legibly)

REQUEST

Last Name
(mandatory)
(mandatory)

First Name
(recommended)

Middle Name

____/____/____
Date of Birth
(mandatory)

Sex
(mandatory)

____-____-____
Social Security Number
(recommended)

Signature of Requestor

(DCI Use Only)

RESULTS

AS of _____, a Name and date of birth check revealed:
Date

CCCH record attached

No CCH record found

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature

Date

Motor Vehicle Record Release & Authorization Form

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my employer and its insurance agent, whose names and addresses are as follows:

Employer: Warren County
301 N. Buxton
Indianola, IA 50125

Insurance Agent: Rudolf Insurance Consultants
123 N. Buxton
Indianola, IA 50125

This authorization shall continue in effect until revoked by the undersigned in a future written request.

Full Name: _____

Address: _____

Date of Birth: _____

Drivers License #: _____

State Licensed: _____

Date: _____

Signature: _____