## **EMPLOYMENT APPLICATION**

 $\label{eq:fillout_completely} \textit{Fill Out } \underline{\textit{Completely}}. \ \ \textit{Type or Print In Ink}$ 



| OF THE COLUMN            | Des Moines County, Bu<br>Courthouse, 513 North Ma |                           |                                    |                            |                |                       |  |
|--------------------------|---|---------------------------|------------------------------------|----------------------------|----------------|-----------------------|--|
| IOWA SA                  | Burlington, lowa 52601                            |                           | te Email                           | mail Address: If available |                |                       |  |
| SES WOLL                 |   | Po                        | sition Applied For:                |                            |                |                       |  |
| Name: Last               | First   | Middle                    |                                    | Social Security No.        |                | Home Phone No.        |  |
| Address: No. & Street    | City  | State Zip Coo             | de                                 | Message: Name/F            | Cell Phone No. |                       |  |
|                          |   | EDUCAT                    |                                    |                            |                |                       |  |
|                          | Cite Specialize  Name of School                   | ed Training Other Than Fo | ormal Education On R<br>Graduated: |                            | No G           | i.E.D.: Yes No        |  |
|                          | Name of solider                                   |                           | Gradation.                         |                            |                |                       |  |
| High School              | Address: No. & Street                             | City                      | State                              | Zip Cod                    | e V            | ocational Program     |  |
|                          | Name of College                                   |                           | Graduated:                         | Yes                        | No D           | egree                 |  |
| College                  | Address: No. & Street                             | City                      | State                              | State Zip Cod              |                | Major                 |  |
|                          | Name of Institution                               |                           | Graduated:                         | Yes                        | No D           | egree or Certificate  |  |
| Other Schools            | Address: No. & Street                             | City                      | State Zi                           |                            | e N            | Major/Type of Program |  |
|                          | I   | EMPLOYMENT                | HISTORY                            |                            |                |                       |  |
|                          |   | ons Held In Reserve Orde  |                                    | cent) Job First            |                |                       |  |
| Present Job              | Name of Employer                                  |                           | Type of business                   |                            |                |                       |  |
| Date of Hire: Mo/Day/Yr. | Address: No. & Street                             | City                      | State                              | Zip Code                   | Cor            | mpany Phone No.       |  |
| Your Position            | Nature of Duties                                  |                           |                                    |                            |                |                       |  |

| Present Job              | Name of Employer      |                                   | Type of business                  |          |                   |  |
|--------------------------|-----------------------|-----------------------------------|-----------------------------------|----------|-------------------|--|
| Date of Hire: Mo/Day/Yr. | Address: No. & Street | City                              | State                             | Zip Code | Company Phone No. |  |
| Your Position            | Nature of Duties      |                                   |                                   |          |                   |  |
| Supervisors: Name        | Title                 |                                   | Reason for Seeking New Employment |          |                   |  |
| Previous Job             | Name of Employer      |                                   | Type of business                  |          |                   |  |
| Date of Hire: Mo/Day/Yr. | Address: No. & Street | City                              | State                             | Zip Code | Company Phone No. |  |
| Your Position            | Nature of Duties      |                                   |                                   |          |                   |  |
| Supervisors: Name        | Title                 | Reason for Seeking New Employment |                                   |          |                   |  |
| Previous Job             | Name of Employer      |                                   | Type of business                  |          |                   |  |
| Date of Hire: Mo/Day/Yr. | Address: No. & Street | City                              | State                             | Zip Code | Company Phone No. |  |
| Your Position            | Nature of Duties      |                                   |                                   |          |                   |  |
| Supervisors: Name Title  |                       |                                   | Reason for Seeking New Employment |          |                   |  |

Continued On Reverse Side

| Previous Job   | Name of Employer  |                                     | Type of business                 |                        |              |                   |  |
|--|---|-------------------------------------|----------------------------------|------------------------|--------------|-------------------|--|
| Date of Hire: Mo/Day/Yr.   | Address: No. & Street                                     | City                                | State Zip Code Company Phone No. |                        |              | Company Phone No. |  |
| Your Position  | Nature of Duties  |                                     |                                  |                        |              |                   |  |
| Tour Tosition  | Nuture of Buttes  |                                     |                                  |                        |              |                   |  |
| Supervisors: Name  | Title   |                                     | Reason for S                     | eeking New Employn     | nent         |                   |  |
| Previous Job   | Name of Employer  |                                     | Type of busi                     | ness                   |              |                   |  |
| Date of Hire: Mo/Day/Yr.   | Address: No. & Street                                     | City                                | State Zip Code Company Phone No. |                        |              | Company Phone No. |  |
| Your Position  | our Position Nature of Duties                             |                                     |                                  |                        |              |                   |  |
| Supervisors: Name  | Supervisors: Name Title Reason for Seeking New Employment |                                     |                                  |                        |              |                   |  |
|  |   | OTHER INFORM                        | MATION                           |                        |              |                   |  |
| Military   | Branch  |                                     |                                  | Rank                   |              |                   |  |
| · · · · · · · · · · · · · · · · · · ·  | Discharge: D Hone   | orable Other (Explain               | Polowi                           |                        |              |                   |  |
|  | Discharge: Hono   | orable                              | below)                           |                        |              |                   |  |
| Qualifications   | Describe Any Equipment                                    | t Extensively Operated By You (O    | ffice, Constructi                | on, Buses, Trucks, Etc | :.)          |                   |  |
|  |   |                                     |                                  |                        |              |                   |  |
| And Skills   | =   | river Commercial Driver             | License                          | License Ever Suspen    | ded or Revo  | ked? Yes No       |  |
|  | ☐ Cr  | nauffer None                        |                                  | Date:                  |              | Reason:           |  |
|  | No.:  | State:                              |                                  |                        |              |                   |  |
| Ever Convicted of A Crime (exc   | ept minor traffic violations                              | s)? Yes No                          |                                  | Ever Collected Mone    | ey or Bonde  | d? Yes No         |  |
| Dates: C   | Offenses:   |                                     |                                  | For Whom:              |              |                   |  |
| List Any Specialized Training, Co  |   | S:                                  |                                  |                        |              |                   |  |
|  |   |                                     |                                  |                        |              |                   |  |
| How did you hear about this employment opportunity?  |   |                                     |                                  |                        |              |                   |  |
| Do you have any relatives or friends currently employed by the County? Yes (List names) No   |   |                                     |                                  |                        |              |                   |  |
|  |   |                                     |                                  |                        |              |                   |  |
| Have you reviewed the job des  | cription or posting for the                               | position sought?                    |                                  |                        |              |                   |  |
|  |   | REFERENC                            | CES                              |                        |              |                   |  |
|  |   | (List <u>Three</u> (Local Area Resi | dents, If Availab                | le)                    |              |                   |  |
| Name:  |   | Address:                            |                                  |                        |              | Phone:            |  |
| Name: Addres:  |   | Addrass:                            | Address:                         |                        |              | Phone:            |  |
| Name. Address.   |   |                                     |                                  |                        | Thone.       |                   |  |
| Name: Address:   |   |                                     |                                  |                        |              | Phone:            |  |
| Dos Moinos County Jowa Doos Not Discriminato On the Pasis of Pase Color National Origin Sey Seyual Orientation Conder  |   |                                     |                                  |                        |              |                   |  |
| Des Moines County, Iowa Does Not Discriminate On the Basis of Race, Color, National Origin, Sex, Sexual Orientation, Gender Identity, Religion, Age, or Disability in Employment or the Provision of Services.   |   |                                     |                                  |                        |              |                   |  |
| I hereby certify that the answers given and statements made by me on this Employment Application are true & correct & that there are no material   |   |                                     |                                  |                        |              |                   |  |
| omissions. I authorize my present and former employers to give County officials any information regarding me or my performance and release such  |   |                                     |                                  |                        |              |                   |  |
| employers, including their representatives & their companies, from all liability from damage for providing requested information. I understand that  |   |                                     |                                  |                        |              |                   |  |
| should investigation disclose misrepresentation or falsification, I will be dismissed immediately, my application will be rejected and I will be   |   |                                     |                                  |                        |              |                   |  |
| disqualified from making future application with the County.   |   |                                     |                                  |                        |              |                   |  |
| I understand that any employment offered by the County is "employment at will" & I may be terminated for any reason not violative of law (or a   |   |                                     |                                  |                        |              |                   |  |
| collective bargaining agreement where applicable). I understand my driving and any criminal records may be checked and I agree to submit to a pre-<br>employment physical examination at County expense following a conditional offer of employment. I also understand that the Des Moines County, |   |                                     |                                  |                        |              |                   |  |
| lowa has a strict policy against illegal drug involvement by employees that can result in immediate disqualification or dismissal from employment for  |   |                                     |                                  |                        |              |                   |  |
| any such illicit activities occurring on or off the job. You may be subject to random drug testing. I also understand the County strictly enforces the lowa  |   |                                     |                                  |                        |              |                   |  |
| Smokefree Air Act and employees violating said Act are subject to discipline, up to and including discharge.   |   |                                     |                                  |                        |              |                   |  |
| Read the Above Stateme   | <u> </u>  | Date                                |                                  |                        | of Applicant |                   |  |

## \*\*\* OPTIONAL STATISTICAL FORM \*\*\*

## COUNTY OF DES MOINES, IOWA EQUAL EMPLOYMENT AFFIRMATIVE ACTION PROGRAM REQUEST FOR APPLICANT DATA

TO ALL APPLICANTS: Des Moines County, Iowa has an Equal Employment Affirmative Action Program in effect. Qualified applicants are considered in the hiring process without regard to race, creed, color, religion, sex, age, national origin, marital status or disability. This Program ensures affirmative action is taken to recruit minority, female and disabled individuals.

PLEASE NOTE: Completion of this form is optional and your decision to complete this form is strictly voluntary. If you choose to complete this form, it will be placed in a separate, confidential file in the Human Resources office. Any information you provide will not in any way be used against you as it does not become a part of your application form and is not available for review while your employment is under consideration. If you choose to not complete this form, it will not affect, in any way, any opportunities for employment or benefits.

| PERS         | ONAL DATA (Please print):  |  |   |   |  |
|--------------|--|--|---|---|--|
| Name:        |  |  |   | Date:   |  |
| Positio      | n you are applying for:  |  |   |   |  |
| <u>AFFII</u> | RMATIVE ACTION RELAT   | TED DATA (Please circle app  | ropriate ans                            | wers):  |  |
|              | Race/Ethnic Origin:  | African American<br>Hispanic<br>White (not of Hispanic o   |   | ative American/A                                      | fic Islander/Indian Subcontinent<br>laskan Native<br>ombination of above |
|              | Sex:   | Male   |   | Female  |  |
|              | Are you a Vietnam Era Vete<br>Definition: A person who served<br>discharged with other than a dish   |  | Yes<br>, any part of whor released from | No<br>nich occurred between<br>n active duty for a se | n August 5, 1964 and May 7, 1975, and warvice-connected disability.      |
|              |  | (as defined below)? isability compensation under regulatio ose discharge or release from active du |   |   |  |
|              | Are you a person with a disance of Definition: A person who has a management, or is regarded as have | nental or physical impairment which su   |   | Yes* N<br>its one or more major                       | O life activities or who has a record of such                            |
|              |  | persons with disabilities are asked to d<br>g process or in the performance of you                 |   |   |  |
| I <i>OWA</i> |  | E POINTS DATA (Please circle we will also be considered in computing pre                           |   | answers):   |  |
|              | Are you a World War II Ve Definition: A person who served discharged.                                | <b>teran (as defined below):</b> Yes on active duty at any time between De                         |   | No<br>and December 31, 1                              | 946 and was honorably  |
|              | Are vou a Korean Conflict  | Veteran (as defined below):  | Yes                                     | No  |  |

Definition: A person who served on active duty at any time between June 25, 1950 and January 31, 1955 and was honorably discharged.

Definition: A person who served on active duty at any time August 2, 1990 to present and was honorably discharged.

Are you a Persian Gulf Conflict Veteran (as defined below): Yes