

FRANKLIN COUNTY, IOWA
APPLICATION FOR EMPLOYMENT



POSITION APPLIED FOR _____ **Date of Application** _____

On what basis are you available for employment? Full-time Part-time

How did you learn about this position? _____
(Newspaper, county website, radio, personnel announcement, walk in, etc)

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (s) _____
Daytime Evening

Social Security Number _____ - _____ - _____

BACKGROUND

- Yes No Have you ever filed an employment application with Franklin County before?
If yes, give date: _____
- Yes No Have you ever been employed by Franklin County before?
If yes, give date: _____
- 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 upon employment.*
- 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 minor traffic violation?
- Yes No Have you been convicted or have you pled guilty to two or more moving traffic violations in the past two years? If yes, please explain _____
- Yes No May we contact your present employer? *If you answer "No" and we need to contact your present employer before we can offer you a job, we will contact you first.*
- Yes No Is there any reason why you would be unable to perform the essential functions of the job for which you are applying? If yes, please explain _____
- Yes No Has your driver's license been suspended or revoked during the past year? If yes, please explain _____

If you have answered "Yes" to any of the above questions, please give particulars on a separate sheet. A "Yes" answer does not automatically disqualify you from employment. **Applicants will not be excluded solely based on conviction of a crime and/or driving violations. Employment decisions will depend on the nature of the offense, nature of the job, and the date of the conviction or driving violation.**

VETERAN'S PREFERENCE

Yes No Are you a U.S. Veteran?
Dates of active duty _____ - _____
From To

Yes No Are you a member of the reserves or national guard?

Those wishing to claim veteran's preference MUST SUBMIT PROOF OF SERVICE (DD 214), which includes dates of active duty.



EMPLOYMENT EXPERIENCE

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. Give as complete information as possible. **Note: Resumes will not be accepted in lieu of completion of this part, or any part, of this application.**

1. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.



EMPLOYMENT EXPERIENCE

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.

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

Yes No Do you possess a valid Driver's License?

Yes No Do you possess a valid Commercial Driver's License? If yes, in what state? _____

List any special skills or equipment operated _____

EDUCATION

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

Yes No High school equivalency certificate (G.E.D)? *If yes, please submit documented proof.*



REFERENCES

- 1. Name _____ Phone _____
Address _____
- 2. Name _____ Phone _____
Address _____
- 3. Name _____ Phone _____
Address _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Franklin County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Franklin County.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? Yes No

Remarks _____

Interviewer _____ Date _____

Employed? Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title Date