# **Employment Application**



		First Name	Middle Name	
Address	Street	City	State	ZIP Code
Telephone List additional na	ames you have used:	Social Secu		
	•	er where we can leave a me		
	-	Number:	-	
	rn about the employn			
□ Newspaper □ Walk-in		Employment Agency Education Institution		Other Other
Please be su	re to answer all it	tems completely and a	ccurately.	
	een employed with u	th us before? □ Yes □ N s before? □ Yes □ N From:	lo	
If yes, in what ca Reason for leavi	ing?	would accept?		
If yes, in what ca Reason for leavi What is the mini Are you legally e Are you a vetera	ing? mum salary that you eligible to be employe an of the U.S. Armed		lo (Proof of iden required upor	tity and eligibility will be n employment)

### **Education**

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree			
Course of Study			

Describe any skills, specialized training, apprenticeship, and applicable extra-curricular activities that are job related.

List equipment and computer software you can operate.

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Phone	
Name	Address	Phone	
Name	Address	Phone	
	Name	Name Address	Name Address Phone

**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			
_	Job title				
_	Supervisor		Reason for leaving		
	May we contact the employer listed above?	? □Yes □No Ifi	no, why?		
2.	Employer	Dates Employed From / To	Work performed		
_	Address				
_	Telephone number	Hourly Rate/Salary Starting / Final			
_	Job title				
	Supervisor		Reason for leaving		
_	May we contact the employer listed above	? □Yes □No Ifi	no, why?		
3.	Employer	Dates Employed From / To	Work performed		
_	Address				
_	Telephone number	Hourly Rate/Salary Starting / Final			
_	Job title				
	Supervisor		Reason for leaving		
_	May we contact the employer listed above?				
4.	Employer	Dates Employed From / To	Work performed		
	Address				
_	Telephone number	Hourly Rate/Salary Starting / Final			
_	Job title	Ŭ			
_	Supervisor		Reason for leaving		
	May we contact the employer listed above	? □Yes □No Ifi	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.