

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 _____
How did you learn about the position? _____
(Newspaper, radio, friend, walk in, ect.)

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.
4. A completed EQUAL EMPLOYMENT OPPORTUNITY SURVEY form should accompany this application.

PRINT OR TYPE

Social Security Number _ _ _ - _ _ - _ _ _

Last Name First Name Middle Name or Initial

Address (Number and Street) City County

State Zip Phone number

Name and phone number of person who will know where you may be contacted _____
Are you at least eighteen years of age? Yes _____ No _____

VETERAN'S PREFERENCE

Are you a U.S. Veteran? Yes _____ No _____

Dates of active duty _____

From to (mo, day, yr.)

Are you a member of the reserves or National Guard? Yes _____ No _____

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

Have you ever filed an application with the
Employer? Yes _____ No _____ Date _____

Have you ever been employed by the Employer?

Yes _____ No _____

**(Mandatory for Law Enforcement or Firefighter
Applicants Only) Date of Birth** ____/____/____

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.

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 for which you are
applying? _____ if yes, please explain. _____

Has your driver's license been suspended or revoked during the past year? _____ 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.

EMPLOYMENT RECORD

List below, in reverse order the positions you have held starting with our 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: _____

(Employment Record Continued on Page 3)

Do you possess a valid Driver's License? Yes _____ No _____ Can you type? Yes _____ No _____ Speed _____
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 machines you can operate: _____

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.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Application Received _____
Application Reviewed by _____
Application meets or exceeds minimum qualifications for position Yes _____ No _____
If no, explain deficiencies below _____

Physical Date and Time _____ Application Returned _____
Name and trade or profession _____ License Number _____
Granted by _____ City and State of _____

EDUCATION RECORD

1. GRAMMAR OR HIGH SCHOOL

Circle grade last completed: 1 2 3 4 5 6 7 8 9 10 11 12 did you graduate from high school? Yes _____ No _____
Name of last school attended _____ Dates of attendance from _____ To _____
Location (City/State) _____ if you plan to graduate within eight months, please indicate
High school equivalency certificate? (G.E.D.) Yes _____ No _____ anticipated date _____
if yes, please submit documented proof

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

Name and Location	From Mo. Yr.	To Mo. Yr.	Number of Hours per week	Number of Credits Semester/Quarter	Subjects Studied	Diploma or Certificate Obtained Mo./Yr.
Name						
Location						
Name						
Location						
Name						
Location						

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

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

Did your 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

2. 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.

SIGN HERE IN INK _____ DATE _____

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.

INSTRUCTIONS:

First, please circle the correct number in each question below. Then, Place your numbered answer to each question on the space provided.

☐

A.

What sex are you?

1. Male

2. Female

☐

B.

What is your age?

1. 21 or less

4. 36-45 years

2. 22-25 years

5. 46-55 years

3. 26-35 years

6. 46-64 years

7. 65 years and over

☐

C.

What is the highest level of education you have reached?

1. Finished 0-8 years

2. 9-12 but am not a high school graduate

3. High school graduate or GED from a state department of education

4. Post high school vocational or business school training

5. College, less the B.S. or B.S. degree

6. B.S. or B/S., or similar degree

7. M.A. or similar professional degree

8. PHD, JD, LLB or similar professional degree

☐

D.

Are you employed?

1. Yes

2. No

☐

E.

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

1. American Indian**(includes Alaska Natives)

4. Hispanic*

2. Black

5. White

3. Asian (including Pacific Islanders)

6. Other

☐

F.

Do you have a disability? (Answer is strictly voluntary)

1. No

8. Yes – Circulatory

2. Yes – Blind

9. Yes – Respiratory

3. Yes – Deaf

10. Yes – Neurological

4. Yes – Amputee

11. Yes – Personal problem/social

5. Yes – Epilepsy

12. Yes – Personal problem/mental

6. Yes – Diabetes

13. Yes – Personal problem/emotional

7. Yes – Paralysis

14. Yes – Other

☐

G.

How did you learn about this job?

1. Employee

5. Other Employment Service

2. Friend

6. Television

3. Newspaper or Periodical

7. Radio

4. Iowa State Employment Serviced

8. School

9. 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

(There is a \$13 fee for each last name. Use one form per last name-duplicate form as needed)

(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