BENTON COUNTY, IOWA APPLICATION FOR EMPLOYMENT

Benton County provides equal employment opportunities to all applicants for employment and to all employees and does not discriminate on the basis of age, race, creed, color, sex (including pregnancy), sexual orientation, gender identity, national origin, religion, physical or mental disability, or any other legally protected status or characteristic.

Please be advised that because Benton County is a public entity, it is subject to the requirements of Chapter 22, <u>Code of Iowa</u>, regarding the examination of public records, and this Application or the information contained within may be subject to examination under that statute.

(PLEASE PRINT)							
Position(s) Applied For					Date of Application	n	
How Die	d you Le	earn About Us	\$?				
□ Adve	rtisemen	ıt	□ Relative	□ Inquiry			
🗆 Empl	oyment .	Agency	□ Friend	□ Website	□ Other		
[
Last Na	me		First Name		Middle Name		
Address	:	Number	Street	City	State	Zip Code	
Telepho	ne Numl	ber(s)		Email Address(es))		
Best time	to conta	et vou is:	AM DPM				
		of contact:		(i.e. specific phon	ne number or email)		
□ Yes	🗆 No	If you are un		an you provide required p		to work?	
□ Yes □ No Have you ever filed an application with Benton County before? If yes, give date and position applied for:							
□ Yes	🗆 No	No Have you ever been employed by Benton County before? If yes, give date and position held:					
□ Yes	 No Do any of your relatives or friends work for Benton County? If yes, provide name and position or department for each such person: 						
□ Yes	🗆 No	□ No Are you currently employed?					
□ Yes	🗆 No	May we contact your present employer?					
□ Yes	\Box No	Are you authorized to work in the U.S.?					
□ Yes	🗆 No	Will you now or in the future require sponsorship for employment status (i.e., H-1B visa status, etc.)					
□ Yes							
IF YOU HAVE ANSWERED "YES" TO ANY OF THE FOREGOING QUESTIONS, PLEASE PROVIDE ALL PARTICULARS ON AN ATTACHED SHEET. A "YES" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION OF YOUR APPLICATION OR FROM EMPLOYMENT.							

January, 2022

Date available for work:				What is your desired salary range?	
Are you available to work:		□ Full-Time	(Please indicate $\Box 1^{st} \Box 2^{nd} \Box 3^{rd}$ shift)		
			□ Part-Time	(Please indicate Mornings Afternoon Evenings)	
			□ Temporary	(Please indicate dates available: to)	
□ Yes	□ No	Are you	Are you currently on "lay-off" status and subject to recall?		
□ Yes	\Box No	Can you travel if a job requires it?			

Veterans Preference

Chapter 35C of the <u>Code of Iowa</u> provides certain rights, including preference in hiring if equally qualified to other applicants, to certain veterans of United States Military Service. Qualification for these rights is defined in this statute.

Are you a Veteran of United State Military Service?	Yes	No
Branch of Service and dates of Active Duty:		
Are you a member of the Reserves or National Guard?	Yes	No
Any person who may wish to claim a Veterans Preferen deadline set for the receipt of applications for the position		15
QUALIFICATIONS		
	2	

Please read the attached position description for the position of

Are you able to perform the essential functions of this position, with or without a reasonable accommodation?

 \Box Yes \Box No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer		Dates Employed		Work Performed	
		From	То	work i chonica	
Address					
Telephone Number(s)					
Job Title	Supervisor	Hourly R	ate/Salary		
	-	Starting	Final		
Reason for Leaving	-				
2. Employer		Dates Employed		Work Performed	
		From	То		
Address					
Telephone Number(s)		•			
Job Title	Supervisor	Hourly R	late/Salary		
	*	Starting	Final		
Reason for Leaving					
3. Employer		Dates Employed From To			
				Work Performed	
Address					
Telephone Number(s)					
Job Title	Supervisor	Hourly R	ate/Salary		
	*	Starting	Final		
Reason for Leaving					
4. Employer			mployed	Work Performed	
	From	То	work renormed		
Address					
Telephone Number(s)					
Job Title Supervisor		Hourly R	ate/Salary		
	1	Starting	Final		
Reason for Leaving					

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

List professional, trade, business or civic activities and offices held.

EDUCATION

High school graduate or equivalent (GED)?	YES	NO		
Number of years of education completed after H	High School or	Equivalent		
Name and Location of Schools Attended or Voc Beyond High School	cational Traini	ng Obtained	Degree/Certification	

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

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

SPECIALIZED SKILLS (Please list any specialized skills, experience in operation of equipment or other similar information that you would like us to be aware of.)

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

1. NameAddress	Phone
2. NameAddress	Phone
3. Name Address	Phone

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigations of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. In connection with my application for employment with the County, I expressly authorize the release to the County of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, social media accounts and previous employers. I hereby release and discharge the County and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the county as part of my application for employment.

I authorize Benton County to conduct a check of the status of my driver's license and my driving record and agree to sign a separate authorization for this specific purpose.

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 Benton County is *"at will,"* which means that the Employee may resign at any time, and the Employer may discharge the Employee at any time with or without cause. It is further understood that the *"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 Benton County.

I understand that any offer of employment that is extended to me is considered to be a conditional offer and is subject to successful completion of all required background checks. Identifying information such as my social security number and driver's license number will be requested at the post-offer, pre-employment stage, unless identifying information must be requested earlier in the hiring process for positions such as law enforcement positions.

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 will be required to abide by all rules and regulations of the Employer.

I agree to give Benton County permission to complete appropriate background checks and agree to sign separate permission/authorization forms so that this can be accomplished. YES NO

Signature of Applicant

Date

FOR COUNTY USE ONLY						
Arrange Interview? VES NO						
Remarks						
	Intervi	ewer	Date			
Employed? 🗆 YES 🗆 NO	Date of Employment					
Job Title	Hourly Rate/ _ Salary	Department				
By Name and Title		Date				