

**BENTON COUNTY SHERIFF'S DEPARTMENT  
VINTON, IOWA**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_ do hereby authorize a review of, and full disclosure of, all records concerning myself to a duly authorized agent of Benton County, Iowa or the Benton County Sheriff's Office, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil, in which I personally have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon which this release authorization will be considered in determining my suitability for employment by Benton County, Iowa and the Benton County Sheriff's Office. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release Benton County, Iowa and the Benton County Sheriff's Office from any and all liability which may be incurred as a result of collection of such information.

**I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.**

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

**I have read and fully understand the contents of the "Authorization of Personal Information".**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**BENTON COUNTY, IOWA**

**APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national original, age, disability, marital or veteran status, or any other legally protected status.

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

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did you Learn About Us?

Advertisement                       Relative                       Inquiry  
 Employment Agency                       Friend                       Other \_\_\_\_\_

Last Name	First Name	Middle Name
Address: <i>Number</i>	<i>Street</i>	<i>City</i> <i>State</i> <i>Zip Code</i>
Telephone Number(s)	Social Security Number	

Best time to contact you at home is: \_\_\_\_\_  AM  PM

Yes  No If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No Have you ever filed an application with Benton County before?  
If yes, give date and position applied for: \_\_\_\_\_

Yes  No Have you ever been employed by Benton County before?  
If yes, give date and position held: \_\_\_\_\_

Yes  No Do any of your friends or relatives, other than spouse, work for Benton County?  
If yes, provide name and position or department for each such person:  
\_\_\_\_\_

Yes  No Are you currently employed?

Yes  No May we contact your present employer?

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 if an offer of employment is made.*

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 a conviction for a minor traffic violation?

Yes  No Has your driver's license ever been suspended or revoked?

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.

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (Please indicate  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> shift)  
 Part-Time (Please indicate  Mornings  Afternoon  Evenings)  
 Temporary (Please indicate dates available: \_\_\_\_\_ to \_\_\_\_\_)

Yes  No Are you currently on "lay-off" status and subject to recall?

Yes  No Can you travel if a job requires it?

### Veterans Preference

Chapter 35C of the Code of Iowa provides certain rights, including preference in hiring if equally qualified, to certain veterans of United States Military Service. Qualification for these rights is defined in the 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 Preference must submit a copy of a certified form DD214 by the deadline set for the receipt of applications for the position that the person is applying for.

### QUALIFICATIONS

Please read the attached position description for the position of \_\_\_\_\_

Do you know of any reason that you would not be able to perform the essential functions of this position, with or without a reasonable accommodation?

Yes  No

If you have answered "yes" to this question, you may provide, on a voluntary basis, information which you believe would help to explain your answer (You are not required to provide this information at this time):

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## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		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.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, or other protected status.*

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## EDUCATION

List highest year of education completed

1 2 3 4 5 6 7 8 9 10 11 12 High School graduate or equivalent (GED)?  Yes  No

Name and Location of Schools Attended or Vocational Training Obtained Beyond High School	Dates Attended		Degree/Certification
	Mo/Yr	Mo/Yr	

## ADDITIONAL INFORMATION

### OTHER QUALIFICATIONS

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

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### SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

		Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	_____	_____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

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

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### 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 investigations of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

I authorize Benton County to conduct a check of the status of my driver's license and my driving record and agree to sign an 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 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 Benton 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.

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

\_\_\_\_\_  
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 \_\_\_\_\_