

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?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> 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 1st 2nd 3rd 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):

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.

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.

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.

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 _____

Motor Vehicle Records Release

Date: _____

Attention: Employees Who Drive Motor Vehicles in Connection with their Employment for Benton County

I am aware that motor vehicle reports may be obtained as part of Benton County's evaluation of my job application and/or employment. The reports maybe procured by Benton County or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, or an assessment of my insurability for the insurance program.

By signing this letter, I hereby provide my authorization for Benton County or their insurance company representative(s) to procure such information and reports, from time-to-time as deemed appropriate, to evaluates my insurability.

Sincerely,

Benton County Insurance Coordinator

Signature Applicant/Employee

Name as it appears on Driver License

Driver License Number/State of Issuance

Date of Birth