

WINNESHIEK COUNTY SECONDARY ROADS

Application for Employment

It is the policy of Winneshiek County to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, sexual orientation, gender identity, national origin, marital status, disability, pregnancy, veteran status, genetic information, and any other characteristic protected by federal state or local law.

Instructions

- Complete all relevant information on this application, even if a resume is submitted.
- Please let us know if you need a reasonable accommodation as we provide reasonable accommodations to known disabilities of applicants.
- All relevant information and the applicant's signature must be provided on this form to be considered for employment.
- This application shall be active until the position applied for is filled. If you wish to be considered for employment with Winneshiek County for another position, you must submit a new application.
- Please sign this form; then return, mail or fax to: Winneshiek County Engineer's Office, 201 W Main Street, Decorah, IA 52101

Personal Information

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
(If different from present) Street City State Zip

Phone Number(s): _____
Home phone Alternate phone

E-mail: _____ Social Security Number: _____ - _____ - _____

Employment Desired

Position(s) applying for: _____

How did you learn about this position? _____

Date you can start work: _____

Are you currently employed? Yes No

If so, may we contact your employer? Yes No

Are you available to work weekends and evenings? Yes No

Education/Training

Circle highest grade completed: 9 10 11 H.S. Diploma GED College: 1 2 3 4 5 6 7 8

EDUCATION

Dates Attended	Major or Degree Attained	School Name & Address

SPECIAL SKILLS AND QUALIFICATIONS

Do you have a: Valid Driver's License Yes No

 Valid Class A or B CDL Yes No If yes, list class: _____

 List all endorsements and/or restrictions on CDL: _____

Other Licenses, Trades or Certifications (Type and Number): _____

Additional Information relevant to this position: _____

(If additional space is needed attach separate sheet.)

Employment Experience

Start with your present or most recent job and list prior employers. If you have been employed for more than ten years, please provide a minimum of ten years' employment history. Include military service, job-related volunteer activities, and periods of unemployment.

Current or Most Recent	
Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
Primary Job Duties _____	

Reason for wanting to leave _____	

Position Title _____		Employment Dates _____ to _____	
Employer _____		Phone # _____	
Address _____		City _____ State _____ Zip _____	
Direct Supervisor _____		May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annual Compensation _____		Hours Per Week _____ # of employees supervised _____	
Primary Job Duties _____			

Reason for leaving _____			

Position Title _____		Employment Dates _____ to _____	
Employer _____		Phone # _____	
Address _____		City _____ State _____ Zip _____	
Direct Supervisor _____		May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annual Compensation _____		Hours Per Week _____ # of employees supervised _____	
Primary Job Duties _____			

Reason for leaving _____			

Background Information

Have you previously been employed by Winneshiek County? Yes No
If yes, where, when _____

Do you have any relative(s) currently working for Winneshiek County? Yes No
Name(s): _____ Department(s): _____

Are you a veteran of the US military service? Yes No

Have you ever been charged with a criminal violation? Yes No
If yes, please explain, including dates, location (State, County and City) of incident: _____

*Applicants will not be automatically screened out on the basis of prior criminal charges or convictions.

Professional References

Provide the names of three persons not related to you, who are familiar with your work.

Name	Company	Relationship	Years Acquainted	Phone Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Notification and Authorization

Please read carefully. If you have any questions, ask before signing.

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, that I may be terminated regardless of the date on which the County discovers the violation of its policy regarding application form dishonesty.

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, and previous employers. I authorize the County to seek or solicit any lawful information about me that it deems useful to determine my employability, including social media postings. 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. If I accept employment with Winneshiek County, I understand that I will be expected to comply with all rules, regulations, and policies set forth for Winneshiek County employees.

Signature of Applicant _____ Date _____

Additional Employment History

Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
Primary Job Duties _____	

Reason for leaving _____	

Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
Primary Job Duties _____	

Reason for leaving _____	

Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
Primary Job Duties _____	

Reason for leaving _____	

Motor Vehicle Records Release

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

By signing this form below, I hereby provide my authorization for Winneshiek County or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

**Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse Pre-Employment Query**

I hereby provide consent to Winneshiek County to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Winneshiek County indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Winneshiek County without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Winneshiek County to conduct a limited query of the Clearinghouse, Winneshiek County must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Signature Applicant/Employee Date

Name as it appears on Driver License

Driver License Number/State of Issuance

Date of Birth

Addenda to job application

Veteran Status

This portion is required to be submitted with each application by Iowa Code Chapter 35C

Name of Applicant: _____

1. Are you a United States citizen? ___Yes ___No
2. Are you a citizen and resident of the State of Iowa? ___Yes ___No
3. Are you an honorably discharged veteran from the military or naval forces of the United States in any war in which the United States has been engaged, including the Korean Conflict at any time between June 25, 1950 and January 31, 1955, both dates inclusive, the Vietnam Conflict beginning August 5, 1964, and ending on May 7, 1975, both dates inclusive, and the Persian Gulf Conflict beginning August 2, 1990, or the current conflicts in Iraq or Afghanistan? ___Yes ___No
4. Did you receive an honorable discharge? ___Yes ___No
5. If the answer to questions 1, 2, 3, and 4 is yes, please complete the following:
 - a. In which war did you serve?

 - b. In which branch of the military did you serve?

 - c. When did you enter the military? (Month, day, year):

 - d. When were you discharged from the military? (Month, day, year):

 - e. Please attach a copy of your DD214 to this job application.

The above information is true and correct.

Signature of Applicant