Employment Application

Winneshiek County

The position I am applying for is: _____

_____
Last Name First Name Middle Name

_____
Address Street City State ZIP Code

_____
Telephone Number Email Address

_____ Do you possess a Commercial Driver License (CDL)
Driver's License Number Yes ☐ **Class A or Class B** No ☐
(Circle One)

List additional names you have used: _____

Please list an additional phone number where we can leave a message:

Name: _____ Relationship: _____ Number: _____

How did you learn about this employment opportunity?

☐Newspaper ☐Job Service ☐ Friend ☐ Walk-in ☐Website ☐ Education Institution ☐ Employee ☐ Other

Please be sure to answer all items completely and accurately.

Type of work you would accept: ☐ Full time ☐ Part time ☐ Seasonal ☐ Temporary

What date would you be available for work? _____

Have you ever filed an application with us before? Yes ☐ No ☐ If yes, Month/Year: _____

Have you ever been employed with us before? Yes ☐ No ☐ If yes, In what capacity? _____

From: _____ To: _____ Reason for Leaving: _____

Do you have any relatives currently employed by us? Yes ☐ No ☐

If yes, state the name, relationship and department in which they are employed._____

_____

Are you legally eligible to be employed in the U.S.? Yes ☐ No ☐ (Proof of identity and eligibility will be

Are you a veteran of the U.S. Armed Forces? Yes ☐ No ☐ required upon employment)

If you answered yes, please download, complete, and submit the Veteran Status form with this Application.

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes ☐ No ☐

If so, please indicate the nature of the offense, date, state and disposition. _____

_____

(*A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying*)

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree If Applicable, please include Professional License or Registry Number			
Course of Study			

Describe any skills, specialized training, apprenticeship, and applicable extra-curricular activities. _____

List equipment and computer software you can operate. _____

List construction equipment previously operated if applicable to the position. _____

Employment Experience

List previous 10 years of employment. Start with your present or last job. Add another sheet if necessary.

May we contact your current employer(s)? Yes ☐ No ☐

1. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor		Reason for leaving

2. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor		Reason for leaving

3. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor		Reason for leaving

4. Employer	Dates Employed From/To	Work performed
Address		
Telephone Number	Hourly Rate/Salary Starting/Final	
Job Title		
Supervisor		Reason for leaving

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision.

I hereby acknowledge that any employment relationship with Winneshiek County is of an At-Will nature, which means that the employee may resign at any time and that Winneshiek County may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Winneshiek County constitutes an employment contract unless a specific document to that effect is executed by Winneshiek County and be in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Winneshiek County cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant Date

It is the policy of Winneshiek County to provide equal treatment to all Winneshiek County employees and applicants for Winneshiek County employment without regard to race, color, religion, political affiliation, creed, sex, sexual orientation, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

Individuals in need of special accommodations are asked to notify our office in advance.

Addenda to job application
Veteran Status

This portion is required to be submitted by each Applicant who is a veteran as defined by Iowa Code Chapter 35.1

Name of Applicant: _____

1. Are you a veteran from the military or naval forces of the United State 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, Lebanon or Grenada service from August 24, 1982, through July 31, 1984; Panama service from December 20, 1989, through January 31, 1990; Persian Gulf Conflict from August 2, 1990, through the date the president or the Congress of the United States declares a cessation of hostilities; members of the reserve forces of the United States or Iowa national guard who served at least twenty years in the reserve forces or national guard and who were discharged under honorable conditions. However, a member of the reserve forces of the United States or Iowa national guard who completed a minimum aggregate of ninety days of federal active duty shall be included as a veteran; members of the reserve forces of the United States who have served at least twenty years in the reserve forces or or Iowa national guard and who continue to serve in the reserve forces or national guard? ___Yes ___No

2. Did you receive an honorable discharge? ___Yes ____No

3. If you answered “Yes” to questions 1 and 2, 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.

4. If you answered “Yes” to questions 1 and 2, state whether you are a citizen and resident of the State of Iowa? ___Yes ___No

    The above information is true and correct.

_____
Signature of Applicant