

8). Have you ever had any job-related training in the United States Military? Yes No
 If yes, please describe _____

9). Can you perform the essential functions/duties of the job you applying for with or without reasonable accommodations? Yes No
 (This questions relates to the employment provisions of the American Disabilities Act (ADA).
 If no, please identify which essential functions you are unable to perform: _____

10). Have you been convicted of a felony within the last seven years? Yes No
 (Conviction will not necessarily disqualify an applicant from employment.)

11). Do you have any criminal charges pending, other than minor traffic violations? Yes No
 (Pending criminal charges are not an automatic bar to employment. Each case is considered on its merits.)
 If yes, please explain: _____

12). As an employee have you ever been discharged or asked to resign? Yes No
 If yes, explain (attach additional page if necessary):

List education, diploma, licenses, certificates, and degrees obtained beginning with the high school attended:

| Institution(s) Attended Begin with High School | Curriculum | Diploma/Degree/Certificate Earned |
|---|------------|-----------------------------------|
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SPECIAL SKILLS AND QUALIFICATIONS:

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

EMPLOYMENT RECORD: List employment beginning with current or last job, including job related military experience. **This page must be completed.**

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|------------------------------|--|------------------|---------|---------------------------|-----------|-------|----------|
| Company Name: | | Company Address: | | | City | State | Zip Code |
| Job Title: | | Supervisor: | | Company Telephone Number: | | | |
| Dates Employed: From (Mo/Yr) | | To (Mo/Yr) | Salary: | Starting \$ | Ending \$ | | |
| Reason For Leaving: | | | | | | | |
| Specific Duties: | | | | | | | |

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|------------------------------|--|------------------|---------|---------------------------|-----------|-------|----------|
| Company Name: | | Company Address: | | | City | State | Zip Code |
| Job Title: | | Supervisor: | | Company Telephone Number: | | | |
| Dates Employed: From (Mo/Yr) | | To (Mo/Yr) | Salary: | Starting \$ | Ending \$ | | |
| Reason for leaving: | | | | | | | |
| Specific Duties: | | | | | | | |

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|------------------------------|--|------------------|---------|---------------------------|-----------|-------|----------|
| Company Name: | | Company Address: | | | City | State | Zip Code |
| Job Title: | | Supervisor: | | Company Telephone Number: | | | |
| Dates Employed: From (Mo/Yr) | | To (Mo/Yr) | Salary: | Starting \$ | Ending \$ | | |
| Reason For Leaving: | | | | | | | |
| Specific Duties: | | | | | | | |

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|------------------------------|--|------------------|---------|--------------------------|-----------|-------|----------|
| Company Name: | | Company Address: | | | City | State | Zip Code |
| Job Title: | | Supervisor: | | Company Telephone Number | | | |
| Dates Employed: From (Mo/Yr) | | To(Mo/Yr) | Salary: | Starting \$ | Ending \$ | | |
| Reason For Leaving: | | | | | | | |
| Specific Duties: | | | | | | | |

IOWA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

The Following Additional Employee Information is requested for the County's Affirmative Action Policy and Equal Employment Opportunity report. The information is not requested on our employment application and is *voluntarily* provided by the applicant. Furthermore, the information obtained will not be shared with those individuals involved in the interviewing process.

ADDITIONAL EMPLOYEE INFORMATION

Name: _____ Date: _____
Last First Middle

Job title applied for: _____ Dept: _____

THE FOLLOWING INFORMATION IS NOT REQUESTED ON OUR EMPLOYMENT APPLICATION

Please complete the following for inclusion in your personnel file, if you should be hired:

1). Date of Birth: _____
Month Date Year

2). RACIAL/ETHNIC IDENTIFICATION: Check the box that most accurately describes your sex and racial/ethnic identity. (SELECT ONLY ONE) Please note that, if necessary, verification must be provided.

WHITE, not of Hispanic origin – Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

A. Male Female

BLACK, not of hispanic origin – Persons having origins in any of the Black racial groups of Africa.

B. Male Female

Hispanic – Persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.

C. Male Female

Asian or Pacific Islander – Persons having origins in any of the original peoples of the Far East, Southeast Asian, the Indian Sub-continent, or the Pacific Islands. (For example, China, India, Japan, Korea, the Philippine Island, and Samoa.)

D. Male Female

American Indian* or Alaskan Native – Persons having origins in any of the original Peoples of North America and who maintain cultural identification through tribal Affiliation or community recognition.

E. Male Female

*Name of Tribe: _____

*Agency or reservation where tribal records are kept: _____