

# IOWA COUNTY APPLICATION FOR EMPLOYMENT

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.*

## IOWA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Applicants with disabilities can request accommodations needed to enable them to complete the application by calling (608) 935-0302. Please type, or r tlpv"l qw"lphqto cvkqp"y kj "drcentlpm If the question is not applicable to the position applied for use N/A. Unsigned applications are not accepted.

Position applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Commercial Drivers License (CDL) # and Classes \_\_\_\_\_

CDL Endorsements: \_\_\_\_\_ CDL expiration date: \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_

### PERSONAL DATA

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Telephone Number / Alternate Telephone Number

\_\_\_\_\_  
Address    City    State    Zip Code

1). Have you been known by any other name? If so, please indicate: \_\_\_\_\_

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

3). Have you ever filed an application with us before?              Yes              No  
If yes, give date: \_\_\_\_\_

4). Have you ever been employed with us before?              Yes              No  
If yes, give date: \_\_\_\_\_

5). Are you currently employed?              Yes              No

6). May we contact your present employer?              Yes              No

7). Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  
(Proof of citizenship or immigration will be required upon employment to complete an I-9 form.)  
Yes              No

- 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?  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<br>Begin with High School | Curriculum | Diploma/Degree/Certificate Earned |
|---|------------|-----------------------------------|
|   |            |                                   |
|   |            |                                   |
|   |            |                                   |
|   |            |                                   |

***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.**

|   |                  |                           |           |          |
|---|------------------|---------------------------|-----------|----------|
| 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:                        |                  |                           |           |          |

|   |                  |                           |           |          |
|---|------------------|---------------------------|-----------|----------|
| 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:                        |                  |                           |           |          |

|   |                  |                           |           |          |
|---|------------------|---------------------------|-----------|----------|
| 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:                        |                  |                           |           |          |

|  |                  |                          |           |          |
|--|------------------|--------------------------|-----------|----------|
| 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: \_\_\_\_\_