O'BRIEN COUNTY
APPLICATION FOR EMPLOYMENT

"O'BRIEN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER"
Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on the application is intended to secure information to be used for such discrimination.

GENERAL INFORMATION

Date: _____

Position(s) Applied For: _____

Name _____

Address_____

Home or Cell Phone _____

E-mail address _____

Have you ever filed an application at O'Brien County before? ☐ Yes ☐ No

If yes, give the date _____

Have you ever been employed at O'Brien County previously? ☐ Yes ☐ No

If yes, give date & department _____

Are you currently employed? ☐Yes ☐No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Applicants are subject to background checks.

Employment desired: ☐ Full-time ☐ Part-Time ☐ Temporary

When are you available for work? _____

Can you travel if the job requires it? ☐Yes ☐No

Have you ever been convicted of a felony? ☐Yes ☐No
If yes, explain: _____

_____

VETERANS PREFERENCE

Chapter 35C, Code of Iowa, provides certain rights, including preference in hiring if equally qualified, to certain veterans of the U.S. Military Service. Qualifications for these rights is defined by the statue.

Are you a veteran of the United States military service? ☐ Yes ☐ No

If yes, did you receive an honorable discharge? ☐ Yes ☐ No

Are you a member of the Reserves or National Guard? ☐ Yes ☐ No

Branch of Service and dates of Active Duty: _____

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 of which the person is applying.

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS	MAJOR or DEGREE	CHECK IF GRADUATED
High School					
College					
Graduate School					
Bus. Or Trade School					
Professional School					

DRIVER'S LICENSE (Only for positions which require driving or travel is required for work or job description)

Do you have a driver's license? ☐ Yes ☐ No

Driver's License #_____ State of Issued _____

Expiration Date: _____

Do you have a Commercial Drivers License (CDL)? ☐ Yes ☐ No If yes, type: _____

CDL Endorsements: _____

Have you had any accidents during the past three (3) years? ☐ Yes ☐ No How many? _____

Have you had any moving violations during the past three (3) years? ☐ Yes ☐ No How many? _____

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g. fluency in other languages, licenses, specialized training, apprenticeships, or job-related military training.

_____

_____

_____

_____

Can you provide verification for the special skills? ☐ Yes ☐ No

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

Employer:	
Address:	
Job Title:	**Supervisor:**
Dates of Employment: From:	To:
Work Performed:	
Reason for Leaving:	

Employer:	
Address:	
Job Title:	**Supervisor:**
Dates of Employment: From:	To:
Work Performed:	
Reason for Leaving:	

Employer:	
Address:	
Job Title:	**Supervisor:**
Dates of Employment: From: To:	
Work Performed:	
Reason for Leaving:	

REFERENCES:
Please list two (2) references other than relatives or previous employers.

Name_____ Name_____

Position_____ Position_____

Company_____ Company_____

Address_____ Address_____

_____ _____

Telephone_____ Telephone_____

Your application will remain confidential unless you agree to disclosure by signing below

I agree to allow this application to be subjected to disclosure, check the box and sign next to it.

☐ _____ _____
Signature of applicant **Date Signed**

Check the box and sign below to <u>give</u> O'Brien County the authority to contact any previous employers.

☐ _____ _____
Signature of applicant Date Signed

WAIVERS AND DISCLOSURES

<u>Please read each section carefully sign below and date</u>

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

_____ _____

Signature of Applicant Date Signed

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.

Thank you for applying to O'Brien County