November, 2021

**FAYETTE COUNTY, IOWA**

# APPLICATION FOR EMPLOYMENT

Fayette County provides equal employment opportunities to all applicants for employment and to all employees and does not discriminate on the basis of age, race, creed, color, sex (including pregnancy), sexual orientation, gender identity, national origin, religion, physical or mental disability, or any other legally protected status or characteristic.

Please be advised that because Fayette County is a public entity, it is subject to the requirements of Chapter 22, Code of Iowa, regarding the examination of public records, and this Application may be subject to examination under that statute.

*(PLEASE PRINT)*

| Position(s) Applied For | Date of Application |
|---|---|
| | |

How Did you Learn About Us?

☐ Advertisement ☐ Relative ☐ Inquiry

☐ Employment Agency ☐ Friend ☐ Website ☐ Other _____

| Last Name | First Name | Middle Name |
|---|---|---|
| | | |

| Address: *Number* | *Street* | *City* | *State* | *Zip Code* |
|---|---|---|---|---|
| | | | | |

| Telephone Number(s) | Email Address(es) |
|---|---|
| | |

Best time to contact you is: _____ ☐ AM ☐ PM

Preferred method of contact: _____ (i.e. specific phone number or email)

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

☐Yes ☐No Have you ever filed an application with Fayette County before?
If yes, give date and position applied for: _____

☐Yes ☐No Have you ever been employed by Fayette County before?
If yes, give date and position held: _____

☐Yes ☐No Do any of your relatives or friends work for Fayette County?
If yes, provide name and position or department for each such person:
_____

☐Yes ☐No Are you currently employed?

☐Yes ☐No May we contact your present employer?

☐Yes ☐No Are you authorized to work in the U.S.?

☐Yes ☐No Will you now or in the future require sponsorship for employment status (i.e., H-1B visa status, etc.)

☐Yes ☐No Have you ever been discharged or asked to resign from employment?

IF YOU HAVE ANSWERED "YES" TO ANY OF THE FOREGOING QUESTIONS, PLEASE PROVIDE ALL PARTICULARS ON AN ATTACHED SHEET. A "YES" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION OF YOUR APPLICATION OR FROM EMPLOYMENT.

Date available for work: _____ What is your desired salary range? _____

Are you available to work: ☐Full-Time (Please indicate ☐1st ☐2nd ☐3rd shift)

☐Part-Time (Please indicate ☐Mornings ☐Afternoon ☐Evenings)

☐Temporary (Please indicate dates available: _____ to _____)

☐Yes ☐No Are you currently on "lay-off" status and subject to recall?

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

Veterans Preference

Chapter 35C of the Code of Iowa provides certain rights, including preference in hiring if equally qualified to other applicants, to certain veterans of United States Military Service. Qualification for these rights is defined in this statute.

Are you a Veteran of United State Military Service? Yes _____ No _____

Branch of Service and dates of Active Duty: _____

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

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 for which the person is applying.

QUALIFICATIONS

Please read the attached position description for the position of _____

Are you able to perform the essential functions of this position, with or without a reasonable accommodation?

☐Yes ☐No

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

| | | | | |
|---|---|---|---|---|
| 1. Employer | | Dates Employed From | To | Work Performed |
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/Salary Starting | Final | |
| Reason for Leaving | | | | |
| 2. Employer | | Dates Employed From | To | Work Performed |
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/Salary Starting | Final | |
| Reason for Leaving | | | | |
| 3. Employer | | Dates Employed From | To | Work Performed |
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/Salary Starting | Final | |
| Reason for Leaving | | | | |
| 4. Employer | | Dates Employed From | To | Work Performed |
| Address | | | | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | Hourly Rate/Salary Starting | Final | |
| Reason for Leaving | | | | |

*If you need additional space, please continue on a separate sheet of paper.*

List professional, trade, business or civic activities and offices held.

_____

_____

_____

_____

## EDUCATION

High school graduate or equivalent (GED)? ☐ YES ☐ NO

Number of years of education completed after High School or Equivalent _____

| Name and Location of Schools Attended or Vocational Training Obtained Beyond High School | Degree/Certification |
|---|---|
| | |
| | |
| | |

## ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

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

_____
_____
_____
_____

SPECIALIZED SKILLS (Please list any specialized skills, experience in operation of equipment or other similar information that you would like us to be aware of.)

_____
_____
_____
_____

State any additional information you feel may be helpful to us in considering your application.

_____
_____
_____
_____
_____

REFERENCES

1. Name _____ Phone _____
   Address _____
2. Name _____ Phone _____
   Address _____
3. Name _____ Phone _____
   Address _____

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigations of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

I authorize Fayette County to conduct a check of the status of my driver's license and my driving record and agree to sign a separate authorization for this specific purpose.

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Fayette County is *"at will,"* which means that the Employee may resign at any time, and the Employer may discharge the Employee at any time with or without cause. It is further understood that the *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Fayette County.

I understand that any offer of employment that is extended to me is considered to be a conditional offer and is subject to successful completion of all required background checks. Identifying information such as my social security number and driver's license number will be requested at the post-offer, pre-employment stage, unless identifying information must be requested earlier in the hiring process for positions such as law enforcement positions.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I will be required to abide by all rules and regulations of the Employer.

I agree to give Fayette County permission to complete appropriate background checks and agree to sign separate permission/authorization forms so that this can be accomplished. ☐ YES ☐ NO

_____ _____

Signature of Applicant Date

**FOR COUNTY USE ONLY**

Arrange Interview? ☐ YES ☐ NO

Remarks _____

_____

_____

Interviewer Date

Employed? ☐ YES ☐ NO Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____

Name and Title Date