

Employment Application

Davis County Courthouse · 100 Courthouse Square · Bloomfield, Iowa 52537 · www.daviscountyiowa.gov

How to fill in this form: open it in Adobe Acrobat Reader or another PDF reader, type in the boxes and save it, or print it and fill it in by hand. Press Tab to move to the next box. Return the completed application to the office listed in the job posting. If you need this application in another format, or help applying because of a disability, contact that office or the Davis County ADA coordinator.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. **We are an equal opportunity employer.**

1. Position

Position applied for

Date of application

How did you learn about this position? ☐ Newspaper ☐ Website ☐ Current employee ☐ Other

If other, please specify

Military experience ☐ Yes ☐ No

If you have military experience, please attach a copy of your DD214.

2. Personal information

Last name First name

Middle name

Street address

City State ZIP code

Telephone number(s)

Best time to contact you

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

Have you ever filed an application with us before? ☐ Yes ☐ No

If yes, give date

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

3. Availability

Date available for work

Desired salary range

Full time: shift

☐ 1st ☐ 2nd ☐ 3rd

Part time

☐ Mornings ☐ Afternoons ☐ Evenings

Temporary: dates available

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

4. Education and training

Elementary school

Name and address

Course of study

Years completed

Diploma or degree

High school

Name and address

Course of study

Years completed

Diploma or degree

Undergraduate college

Name and address

Course of study

Years completed

Diploma or degree

Graduate or professional

Name and address

Course of study

Years completed

Diploma or degree

Other (specify)

Name and address

Course of study

Years completed

Diploma or degree

Describe any specialized training, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

5. Employment history

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper.

Employer 1 (present or last job)

Employer

Address

Telephone number(s)

Job title

Supervisor

Dates employed: from

to

Pay: starting

final

Work performed and responsibilities

Reason for leaving

Employer 2

Employer

Address

Telephone number(s)

Job title

Supervisor

Dates employed: from

to

Pay: starting

final

Work performed and responsibilities

Reason for leaving

Employer 3

Employer			
Address			
Telephone number(s)			
Job title		Supervisor	
Dates employed: from		to	
Pay: starting		final	
Work performed and responsibilities			
Reason for leaving			

Employer 4

Employer			
Address			
Telephone number(s)			
Job title		Supervisor	
Dates employed: from		to	
Pay: starting		final	
Work performed and responsibilities			
Reason for leaving			

6. Additional information

Professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Skills: summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized skills: include equipment-operated skills, for example computer or motorized equipment.

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

7. Job requirements

Note to applicants: do not answer the following questions unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ☐ Yes ☐ No

A review of the activities involved in such a job or occupation has been given? ☐ Yes ☐ No

8. References

Reference 1

Name Telephone

Address

Reference 2

Name Telephone

Address

Reference 3

Name Telephone

Address

9. Applicant’s statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “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 this organization.

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 am required to abide by all rules and regulations of the employer.

Signature of applicant Date

Type your full name, or print this page and sign it by hand.

For personnel department use only

Applicants: please leave this section blank.

Position(s) applied for is open ☐ Yes ☐ No

Considered for Date

Arrange interview ☐ Yes ☐ No

Remarks

Interviewer Date

Employed ☐ Yes ☐ No

Date of employment

Job title Department

Hourly rate or salary By

Name and title Date