

**MONONA COUNTY  
APPLICATION FOR EMPLOYMENT**

**MONONA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.**

*Federal and State laws prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disabilities. No question on this application is intended to secure information to be used for such discrimination.*

**GENERAL INFORMATION**

Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever previously filed an application with Monona County?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

If Yes, please give the date: \_\_\_\_\_

Have you ever been previously employed by Monona County?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

If Yes, please give the 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 forms upon hire. Applicants are subject to background checks.*

Type of Employment Desired:      Full-Time: \_\_\_\_\_      Part-Time: \_\_\_\_\_      Temporary: \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Can you travel if the job requires it?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

Have you ever been convicted of a felony?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

If yes, please 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 are defined by the statute.*

Are you a veteran of the United States Military?      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 Veteran's 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.*

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**EDUCATION**

TYPE OF SCHOOL	SCHOOL NAME	LOCATION	# OF YEARS	MAJOR/DEGREE	CHECK IF GRADUATED
High School					
College					
Graduate School					
Business/Trade School					
Professional School					

**DRIVER'S LICENSE** *(Only for those positions that require driving or travel is required for work/job description.)*

Do you have a valid driver's license?      Yes: \_\_\_\_      No: \_\_\_\_

Driver's License #: \_\_\_\_\_      State of Issue: \_\_\_\_\_      Expiration: \_\_\_\_\_

Do you have a Commercial Driver's License (CDL)?      Yes: \_\_\_\_      Type: \_\_\_\_\_      No: \_\_\_\_

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 the firm name. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

<b>Employer:</b> _____
<b>Address:</b> _____
<b>Job Title:</b> _____ <b>Supervisor:</b> _____
<b>Dates of Employment:</b>
From: _____ To: _____
<b>Work/Duties Performed:</b> _____
_____
_____
<b>Reason for Leaving:</b> _____

<b>Employer:</b> _____
<b>Address:</b> _____
<b>Job Title:</b> _____ <b>Supervisor:</b> _____
<b>Dates of Employment:</b>
From: _____ To: _____
<b>Work/Duties Performed:</b> _____
_____
_____
<b>Reason for Leaving:</b> _____

<b>Employer:</b> _____
<b>Address:</b> _____
<b>Job Title:</b> _____ <b>Supervisor:</b> _____
<b>Dates of Employment:</b>
From: _____ To: _____
<b>Work/Duties Performed:</b> _____
_____
_____
<b>Reason for Leaving:</b> _____

**REFERENCES**

Please list two (2) references other than a relative or previous employer.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

**By checking the box and signing below, I agree to allow this application to be subjected to disclosure.**

\_\_\_\_\_

*Signature of Applicant*

\_\_\_\_\_

*Date Signed*

**Check the box and sign below to give Monona County the authority to contact any previous employers.**

\_\_\_\_\_

*Signature of Applicant*

\_\_\_\_\_

*Date Signed*

**WAIVERS AND DISCLOSURES**

**Please read each section carefully. Sign & Date below.**

**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*