

**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.

Employer: _____	
Address: _____	
Job Title: _____	Supervisor: _____
Dates of Employment:	
From: _____	To: _____
Work/Duties Performed: _____	

Reason for Leaving: _____	

Employer: _____	
Address: _____	
Job Title: _____	Supervisor: _____
Dates of Employment:	
From: _____	To: _____
Work/Duties Performed: _____	

Reason for Leaving: _____	

Employer: _____	
Address: _____	
Job Title: _____	Supervisor: _____
Dates of Employment:	
From: _____	To: _____
Work/Duties Performed: _____	

Reason for Leaving: _____	

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