

APPLICATION FOR EMPLOYMENT

Delaware County Manchester, IA 52057

An Equal Opportunity Employer

INSTRUCTIONS

Print in ink or type all answers. Use a separate sheet of paper for additional information or explanation

PERSONAL DATA

NAME _____
Last First Middle

CURRENT ADDRESS _____
Street City State Zip Code

PERMANENT ADDRESS _____
Street City State Zip Code

SOCIAL SECURITY # _____ TELEPHONE # () _____

DRIVERS LICENSE # _____

VETERANS PREFERENCE

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

EDUCATION AND TRAINING

	# Years Completed	Dates Attended	Did You Graduate?
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
POST GRADUATE			

List any special training (Vocational schools, short courses, workshops, etc.) that you might have that would aid in the performance of the position(s) for which you are applying; _____

If the job announcement requires completion of specific courses or training, indicate that which you have completed. _____

If the job announcement requires the operation of specific machinery or special skills, list those at which you are competent: _____

REFERENCES

List the name, title, and address of three persons with knowledge of your character, experience, and ability. Do not list relatives.

_____	_____
Name	Title
_____	_____
Address	Telephone #

REFERENCES CONT

_____ Name	_____ Title
_____ Address	_____ Telephone #
_____ Name	_____ Title
_____ Address	_____ Telephone #

EMPLOYMENT RECORD

Begin with present or most recent employer and continue for the past fifteen years. Attach additional sheets if necessary.

Dates employed _____ Position held _____
Starting salary _____ monthly Final salary _____ monthly
Name and address of employer _____

Immediate supervisor _____ Title _____
Description of duties _____

Dates employed _____ Position held _____
Starting salary _____ monthly Final salary _____ monthly
Name and address of employer _____

Immediate supervisor _____ Title _____
Description of duties _____

Dates employed _____ Position held _____
Starting salary _____ monthly Final salary _____ monthly
Name and address of employer _____

Immediate supervisor _____ Title _____
Description of duties _____

CERTIFICATION OF APPLICANT

Read Carefully

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, I will be dismissed from the service, and I will be disqualified from applying in the future for any positions with Delaware County. I further authorize Delaware County to make all necessary and appropriate investigations to verify the information contained herein.

Signature of Applicant _____ Date _____