

**MONROE COUNTY, IOWA  
APPLICATION FOR EMPLOYMENT**

**NOTICE:** Application must be clearly printed in ink or typed. Read the position description and be sure you meet the Qualifications listed. All questions must be answered, if applicable. If not, indicate NA (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach separate sheets of the same size as this application, and number answers to correspond with questions. Submit all transcripts and documents at time of application. Monroe County is an Equal Opportunity Employer. Disabled applicants who need accommodations to complete this application or for an interview should make their request known to Employer.

**NOTICE:** Monroe County will not hire any person requiring a Commercial Driver’s License and/or any person in a safety sensitive position unless that person passes a pre-employment drug (and alcohol) test. These positions are also subject to post accident, random, reasonable suspicion, return to duty, and follow up testing required by Federal and/or State regulation.

**NOTICE:** Pre-employment physical will be required.

<p><b>POSITION APPLIED FOR:</b> _____</p> <p>On what basis are you available for employment? Full time _____ Part time _____</p> <p>How did you learn about the position? _____</p> <p align="center">(Newspaper, radio, personnel announcement, walk in etc.)</p>
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<p><b>PLEASE FOLLOW THESE GENERAL INSTRUCTIONS</b></p> <ol style="list-style-type: none"> <li>1. Read the position description and be sure you meet the “Qualifications” listed.</li> <li>2. Answer all questions and complete all spaces on this application.</li> <li>3. Submit all transcripts, and documents at time of application.</li> </ol>
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<p><b>VETERAN’S PREFERENCE</b></p> <p>Are you a U.S. Veteran? Yes _____ No _____</p> <p>Dates of active duty _____</p> <p align="center">From _____ to (mo., day, yr.) _____</p> <p>Are you a member of the reserves or national guard? Yes _____ No _____</p> <p>Those wishing to claim veteran’s preference MUST SUBMIT PROOF OF SERVICE (DD 214) which includes dates of active duty!</p>	<p>Have you ever filed an application with Employer? Yes _____ No _____ Dates _____</p> <p>Have you ever been employed by the Employer? Yes _____ No _____</p> <p>Can you, after employment, submit verification of your legal right to work in the United States? Yes _____ No _____</p> <p>Proof of citizenship or immigration status will be required upon employment.</p>
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<p><b>Name</b> _____</p> <p align="center"><b>Last Name                      First Name                      Middle Name</b></p> <p>Have you ever worked under a different name? Yes _____ No _____</p> <p>If yes, please list name _____</p> <p>Present Address _____</p> <p>City, State, Zip _____</p> <p>Social Security Number _____</p> <p>Telephone Number _____</p> <p>Are you at least 18 years of age? Yes _____ No _____</p> <p>Date of Birth _____</p> <p>Have you ever been discharged or asked to resign from employment? Yes _____ No _____</p> <p>Have you ever been convicted of a crime other than minor traffic violation? Yes _____ No _____</p> <p>Do you object to inquiry of your present employer in regard to your character, work record, qualifications or abilities? Yes _____ No _____ Other information _____</p> <p><b>If you answer “no” and we need to contact your present employer before we can offer you a job, we will contact you first.</b></p>
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Is there any reason why you would be unable to perform the essential functions of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what state? \_\_\_\_\_

Has your driver's license been suspended or revoked during the past year? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you been convicted or have you pled guilty to two or more moving traffic violations the past two years? \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE PARTICULARS ON SEPARATE SHEET. A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.

List below any motorized equipment you can operate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use a typewriter? Yes \_\_\_\_\_ No \_\_\_\_\_ Speed \_\_\_\_\_

Do you write Shorthand? Yes \_\_\_\_\_ No \_\_\_\_\_ Speed \_\_\_\_\_

Are you computer literate? Yes \_\_\_\_\_ No \_\_\_\_\_

List below any office machines, computers and computer programs you can operate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL EXPERIENCE**

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YR. ATTENDED	DIPLOMA
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Secondary/  
Equivalent

College or  
Technical

Other  
(Specify)

Vocational

Do you have a high school equivalency certificate (G.E.D.)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, submit documentation.

If you have not graduated from high school, will you do so within the next eight months? Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: If you are applying for a position that requires certificate of completion, college education or graduation, submit a copy of your official documents or transcripts.

List any special training (vocational schools, short course, workshops, etc.) that would aid you in the performance of the position, for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the job announcement requires the operation of specific machinery or special skills, list those for which you are competent. \_\_\_\_\_

List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognitions you received while attending school. \_\_\_\_\_

List any special abilities, interest, sports, or hobbies. \_\_\_\_\_

If you need additional space to respond, please give particulars on separate sheet.

### EMPLOYMENT RECORD

**LIST ALL EMPLOYMENT FOR THE PAST FIFTEEN YEARS, CHRONOLOGICALLY, BEGINNING WITH THE MOST RECENT.** Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. If you need additional space, please use blank sheets in the same form and attach to this application. **NOTE: Resumes will not be accepted in lieu of completion of this part, or any part, of this application.**

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Present or last employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Current Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time Yes \_\_\_\_\_ No \_\_\_\_\_ Part-time no. of Hours \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Current Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time Yes \_\_\_\_\_ No \_\_\_\_\_ Part-time no. of Hours \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Current Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time Yes \_\_\_\_\_ No \_\_\_\_\_ Part-time no. of Hours \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Current Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time Yes \_\_\_\_\_ No \_\_\_\_\_ Part-time no. of Hours \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Current Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time Yes \_\_\_\_\_ No \_\_\_\_\_ Part-time no. of Hours \_\_\_\_\_

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List any in-service training or instruction courses or programs you have completed with the above listed employers . \_\_\_\_\_

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If a license, certification, or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of these appropriate documents.

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**PERSONAL REFERENCES WE MAY CONTACT  
(Not former employers or relatives)**

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Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ No. of years acquainted \_\_\_\_\_

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Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ No. of years acquainted \_\_\_\_\_

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Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ No. of years \_\_\_\_\_

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**PLEASE READ BEFORE SIGNING**

**APPLICANT STATEMENT**

I authorize Monroe County, Iowa to make a thorough investigation of my past employment, education and job-related activities and I release from all liability, all persons, companies, and corporations supplying such information. I also indemnify Monroe County, Iowa against any liability which might result from making such investigation. Additionally, I authorize Monroe County, Iowa, to supply my employment record in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that Monroe County, Iowa deems appropriate. Falsification or misrepresentations of facts are grounds for immediate dismissal at any time. An incomplete application may not be considered for employment. I understand that the position for which I am applying is an at-will employment position, and no contractual relationship is being created as a part of the employer-employee relationship.

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information is true and contains no misrepresentations. I am aware that all statements submitted on this application are subject to investigation and verification. I agree to provide Monroe County, Iowa, written releases and waivers of confidentiality should any former employer or school require such a release.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Application received \_\_\_\_\_ Application reviewed by \_\_\_\_\_

Application meets or exceeds minimum qualifications for position? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain deficiencies below.

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Physical Date and Time \_\_\_\_\_

Returned \_\_\_\_\_



**MONROE COUNTY, IOWA  
RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize you or your designee to release information concerning me, whether on record or not, to Monroe County, Iowa. I also release any individual, partnership or corporation and their officers, agents, and employees from any liability from any damage whatsoever for issuing such information.

A PHOTOSTAT COPY OF THIS AUTHORIZATION IS CONSIDERED AS VALID AS THE ORIGINAL.

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Signature of Witness

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Signature of Applicant

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Date

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Date