

JACKSON COUNTY EMPLOYMENT APPLICATION

Jackson County is an equal opportunity employer. We consider applicants without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability or any other legally-protected status.

Jackson County complies with all applicable Veteran's Preference requirements.

Please be sure to answer all items completely and accurately.

Last Name First Name Middle Name

Address Street City State ZIP Code

Telephone(s) Email Address Date available for work

The best time to contact you is _____:_____ AM / PM

The position I am applying for is:_____ Today's Date: _____

How did you learn about the position? _____
(Newspaper, radio, personnel announcement, walk in, etc.)

Do you possess a valid Driver's License? Yes ___ No ___ DL No. _____

Do you possess a valid CDL License? Yes ___ No ___ Class of CDL _____

Are you a US Veteran? Yes ___ No ___ Are you a member of the reserves or national guard? Yes ___ No ___
Those wishing to claim Veteran's Preference **MUST SUBMIT PROOF OF SERVICE (DD214)** with includes dates of active duty.

Are you available to work: Full Time ___ Part Time ___ Summer ___ Temporary ___

Have you ever filed an application with Jackson County? Yes ___ No ___ If yes, Month/Year _____

Have you ever been employed by Jackson County? Yes ___ No ___ From _____ To _____

If yes, in what capacity? _____ Reason for leaving? _____

Do you have any friends or relatives employed by Jackson County? Yes ___ No ___ If yes, name, relationship and
department in which they are employed: _____

What is your desired salary range? _____ Are you at least 18 years of age? Yes ___ No ___

Are you available to work overtime if required? Yes ___ No ___ Are you willing to travel if required? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ___ No ___
(Proof of identity and eligibility will be required upon employment.)

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes ___ No ___ If yes, please indicate the
nature of the offense, date, state and disposition: _____

A conviction record is not an automatic bar to employment and the nature, regency and disposition of the offense will be considered only as it relates to the job for
which you are applying.

Education	High School	Undergraduate College/University	Graduate/Professional
School Name/Location			
Area of Concentration / Course of Study			
Diploma/degree(s), certificates, licenses, endorsements			

Describe any skills, specialized training, apprenticeship, certifications, licensures, and/or qualifications acquired academically, from employment or other experience.

List specialized skills, equipment and computer software you can operate:

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

List construction equipment previously operated (if applicable to the position):

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Personal References

Give name, address, telephone number and relationship of three references whom are not related to you and are not previous employers.

1.	<hr/>	<hr/>	<hr/>	<hr/>
	Name	Address	Phone	Relationship
2.	<hr/>	<hr/>	<hr/>	<hr/>
	Name	Address	Phone	Relationship
3.	<hr/>	<hr/>	<hr/>	<hr/>
	Name	Address	Phone	Relationship

Employment Experience

List previous employment, start with your present or last job. Add another sheet if necessary.

Employer	Job Title	Dates Employed	
Address		From	To
Telephone No. (s)	Supervisor	Hourly Rate/Salary	
Work Performed		Starting	Final
Reason for Leaving		\$	\$
May we contact this employer? Yes ___ No ___ If no, please explain:			
Employer	Job Title	Dates Employed	
Address		From	To
Telephone No. (s)	Supervisor	Hourly Rate/Salary	
Work Performed		Starting	Final
Reason for Leaving		\$	\$
May we contact this employer? Yes ___ No ___ If no, please explain:			
Employer	Job Title	Dates Employed	
Address		From	To
Telephone No. (s)	Supervisor	Hourly Rate/Salary	
Work Performed		Starting	Final
Reason for Leaving		\$	\$
May we contact this employer? Yes ___ No ___ If no, please explain:			
Employer	Job Title	Dates Employed	
Address		From	To
Telephone No. (s)	Supervisor	Hourly Rate/Salary	
Work Performed		Starting	Final
Reason for Leaving		\$	\$
May we contact this employer? Yes ___ No ___ If no, please explain:			

List any 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 any other protected status):

Please indicate in the space below (include additional blank sheets, if necessary), such experience, training, skills or ability that you believe will qualify you for the position for which this application is filed, or any additional information you feel may be helpful to us in considering your application.

Return signed application to:

Jackson County Human Resource Office
201 W Platt Street
Maquoketa, IA 52060

Or via email to: bchapin@jacksoncounty.iowa.gov

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Applicant’s Statement: I certify that answers given herein are true and complete to the best of my knowledge. 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. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being considered at that time.

I hereby acknowledge that any employment relationship with Jackson County is of an at-will nature, which means that the employee may resign at any time and that Jackson County may discharge at any time with or without cause. I understand neither this document nor any offer of employment from Jackson County constitutes an employment contract unless a specific document to that effect is executed by Jackson County and be in writing.

I hereby acknowledge that as a condition of employment I may be required to submit to, and successfully pass, a criminal background check, credit history check, post-offer pre-employment physical and drug screen.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Jackson County cost. I understand that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date