

DELAWARE COUNTY SECONDARY ROAD DEPARTMENT
Mailing Address: Delaware County Engineers Office, 2139 Hwy. 38, Manchester, IA 52057
APPLICATION FOR EMPLOYMENT

Name: _____ Drivers License #: _____
LAST FIRST MI.

Present Address: _____
ADDRESS CITY STATE ZIP

Permanent Address: _____
ADDRESS CITY STATE ZIP

Phone: _____ Are you 18 years of age or older: YES ___ NO ___

POSITION APPLIED FOR: _____ Date Available: _____

Are you employed now: YES ___ NO ___ May we contact your present employer: YES ___ NO ___

EDUCATION	Name and Location of School	No. of Years Attended	Did you graduate? Degree?	Subjects Studied
Elementary School				
High School				
College				
Trade, Business Or Other School				

MILITARY SERVICE (complete if you served at any time in the past)

Branch: _____ Rank: _____ Member of Guard or Reserve: YES ___ NO ___

Dates of Service: _____ Type of Discharge: _____

Are you an honorably discharged person from the military or naval forces of the United States in any war in which the United States has been engaged, including World War II means service in the armed forces of the United States between December 7, 1941, and December 31, 1946, both dates inclusive, the Korean Conflict at any time between June 25, 1950 and January 31, 1955, both dates inclusive, the Vietnam Conflict beginning August 5, 1964, and ending on May 7, 1975, both dates inclusive, and the Persian Gulf Conflict beginning August 2, 1990, and ending on the date yet to be specified. YES ___ NO ___

GENERAL

Do you have a Commercial Drivers License (CDL)? YES ___ NO ___ Class: _____

Endorsements: _____

Summarize any special education, areas of training, study, or research to help you perform this job: _____

Have you operated any construction equipment (motor graders, bulldozers, cranes, etc.) List: _____

Are you a state certified welder: Yes ___ No ___ Certifications: _____

Do you have a Chemical Applicators License: Yes ___ No ___ Type: _____

EMPLOYMENT RECORD (List below your last four employers starting with your last employer first)

Date Month and Year	Name and Address of Employer	Salary or Hourly Wage	Position Title	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: Give the names of three people not related to you whom you have known for at least one year.

NAME	ADDRESS AND TELEPHONE	BUSINESS	YEARS KNOWN ?

EMERGENCY NOTIFICATION CONTACT:

NAME	ADDRESS	PHONE NUMBER

I UNDERSTAND THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISCHARGE FROM THE EMPLOYER'S SERVICE WHENEVER IT IS DISCOVERED.

I GIVE DELAWARE COUNTY THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND TO OTHERWISE VERIFY THE ACCURACY OF INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY DELAWARE COUNTY AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION AND ALL PERSONS LISTED AS REFERENCES AND EMPLOYERS HEREIN FROM FURNISHING SUCH INFORMATION. I AUTHORIZE INVESTIGATIONS OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE DELAWARE COUNTY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO DELAWARE COUNTY.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE. THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION.

THIS APPLICATION IS CURRENT ONLY UNTIL THE POSITION APPLIED FOR IS FILLED AND I UNDERSTAND THAT IF I HAVE NOT HEARD FROM THE EMPLOYER AND WISH TO BE CONSIDERED FOR OTHER EMPLOYMENT THAT IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

I UNDERSTAND THAT IF I AM HIRED I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION (PROOF OF CITIZENSHIP OR LEGAL ALIEN STATUS).

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

NAME	DATE
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