

Employment Application
Henry County

The position I am applying for is: _____

Last Name First Name Middle Name

Address Street City State ZIP Code

Telephone Email Address Social Security Number

Driver's License Number CDL License Y / N Class of CDL

List additional names you have used: _____

Please list an additional phone number where we can leave a message:

Name: _____ Relationship: _____ Number: _____

How did you learn about the employment opportunity?

- Newspaper Job Service Employment Agency Friend Other
 Walk-in Website Education Institution Employee

Please be sure to answer all items completely and accurately.

Type of work you would accept: Full time Part time Summer Temporary

Shift preferred: Day Evening Night

What date would you be available for work? _____

Have you ever filed an application with us before? Yes No If yes, Month/Year: _____

Have you ever been employed with us before? Yes No

If yes, in what capacity? _____ From: _____ To: _____

Reason for leaving? _____

What is the minimum salary that you would accept? _____

Do you have any relatives, including in-laws, currently employed by us? Yes No

If yes, state the name, relationship and department in which they are employed.

Are you legally eligible to be employed in the U.S.? Yes No *(Proof of identity and eligibility will be required upon employment)*

Are you a veteran of the U.S. Armed Forces? Yes No

Dates of military service: _____ Branch: _____

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

If so, please indicate the nature of the offense, date, state and disposition.

(A conviction record is not an automatic bar to employment and the nature, recency 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 and Location			
Diploma/Degree			
Course of Study			

Describe any skills, specialized training, apprenticeship, and applicable extra-curricular activities.

List equipment and computer software you can operate.

List construction equipment previously operated if applicable to the position.

References

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

1. _____
Name Address Phone
2. _____
Name Address Phone
3. _____
Name Address Phone

Employment Experience

List previous 10 years of employment. Start with your present or last job. Add another sheet if necessary.

1. Employer <hr/>	Dates Employed From / To	Work performed
Address <hr/>		
Telephone number <hr/>	Hourly Rate/Salary Starting / Final	
Job title <hr/>		
Supervisor <hr/>		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
2. Employer <hr/>	Dates Employed From / To	Work performed
Address <hr/>		
Telephone number <hr/>	Hourly Rate/Salary Starting / Final	
Job title <hr/>		
Supervisor <hr/>		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
3. Employer <hr/>	Dates Employed From / To	Work performed
Address <hr/>		
Telephone number <hr/>	Hourly Rate/Salary Starting / Final	
Job title <hr/>		
Supervisor <hr/>		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
4. Employer <hr/>	Dates Employed From / To	Work performed
Address <hr/>		
Telephone number <hr/>	Hourly Rate/Salary Starting / Final	
Job title <hr/>		
Supervisor <hr/>		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		

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 accepted at that time

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

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 Henry County cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

It is the policy of Henry County to provide equal treatment to all Henry County employees and applicants for Henry County employment without regard to race, color, religion, political affiliation, creed, sex, sexual orientation, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

Individuals in need of special accommodations are asked to notify our office in advance.

Henry County Sheriff's Office, Iowa

106 East Clay St
Mt. Pleasant, IA 52641

Authorization for Release of Information

Name:

Social Security Number:

Date of Birth:

Driver's License Number:

Driver's License State of Issue:

I, _____, do hereby authorize Henry County, Iowa to investigate my past employment and education history, background and driving record, as may be necessary in determining my suitability for a position with Henry County, Iowa. This includes, but is not limited to; character, performance evaluations, attendance, attitude, discipline and work habits.

I fully understand the information provided may be of a sensitive, confidential, and privileged nature, and may reflect negatively upon me. Any questions relating to the release of information should be directed to the Henry County Sheriff's Office at (319)-385-2712.

I acknowledge that this information is necessary and will assist in determining my suitability for employment with Henry County, Iowa. I hereby release any providers of information from any and all liabilities. I further acknowledge that a facsimile or copy of this release shall be as valid as the original.

Signature

Date

Henry County Sheriff's Office, Iowa
106 East Clay St
Mt. Pleasant, IA 52641

Prison rape elimination act (PREA)

Name:

Social Security Number:

Date of Birth:

Code of Iowa 115.17(a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who-

(1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42USC 1997).

(2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Code of Iowa 115.17(b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

115.17(c) Before hiring new employees who may have contact with inmates, the agency shall:

- (1) Perform a criminal background records check; and
- (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Have you ever been accused, investigated, or convicted or any crimes of a sexual nature OR have you ever been investigated, or resigned in lieu of investigation, on any sexual misconduct allegations?

Check one: YES _____ NO _____

Signature

Date