



APPLICATION FOR EMPLOYMENT

CALHOUN COUNTY
PO BOX 71, 515 COURT ST
ROCKWELL CITY IA 50579
Telephone: 712/297-5309 ext. 235
Fax: 712/297-5309
E-mail: kjohnson@calhouncounty.iowa.gov

Please answer **ALL** questions. Print or write carefully. **If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.**

| | |
|------------------|-------------------------------|
| Full Name | |
| Present Address | Home Telephone Number |
| City, State, Zip | Business or Cell Phone Number |

State the position(s) for which you are applying: _____

Check which employment conditions you will accept:

_____ Full-time (37.5-40.0 hours) _____ Part-time (<37.5 hours) _____ Part-time as Needed

How did you find out about this position? _____

Have you ever been convicted of a crime: _____ if so, please provide details.

Note: Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness and recency of the convictions in making our decision.

Will you sign a release form allowing Calhoun County to conduct a criminal record check? _____ Yes _____ No

Have you ever been terminated from employment? _____ Yes _____ No If yes, describe the circumstances.

Do you have a valid Iowa driver's license? _____ Yes _____ No

Will you sign a release form allowing Calhoun County to obtain a driving record? _____ Yes _____ No

Are you a veteran? _____ Yes _____ No Do you qualify for veteran's preference? _____ Yes _____ No

Education

| | Name and Address | Course of Study | Circle Last Year Completed | Degree Earned |
|---------------|------------------|-----------------|----------------------------|---------------|
| High School | | | 1 2 3 4 | |
| College | | | 1 2 3 4 | |
| Other Schools | | | 1 2 3 4 | |

Work History

| | | |
|---------------------|-------------------------------------|-------------------------------------|
| Job Title | Employer Name, Address, Telephone # | Date Employed From: _____ To: _____ |
| Name Employed Under | Immediate Supervisor & Title | Last Salary |
| Reason for Leaving | Average # of Hours Worked Per Week | Nature of Business |
| Duties | | |
| Job Title | Employer Name, Address, Telephone # | Date Employed From: _____ To: _____ |
| Name Employed Under | Immediate Supervisor & Title | Last Salary |
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| Duties | | |

Read Before Signing:

I certify that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I understand that should investigation at any time disclose otherwise, my application may be rejected and my name may be removed from consideration for employment.

In connection with my application for employment with the County, I expressly authorize the release to the County of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the County and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the County as part of my application for employment.

If I am offered and accept employment with the County, I understand that my employment is At Will and that my employment may be terminated at any time and for any reason either by me or by the County.

APPLICANT SIGN HERE IN INK _____ DATE _____
M/F DISABLED AND VET EOE EMPLOYER