



APPLICATION FOR EMPLOYMENT

501 COURT STREET
ROCKWELL CITY IA 50579

Telephone: 712/297-8619

Fax: 712/297-8618

E-mail: khull@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 (40 hours) _____ Part-time/PRN (<40 hours)

How did you find out about this position? _____

The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.

Have you ever been convicted of a crime, in this state or any other state? Yes No State: _____

Do you have a record of founded child or dependent adult abuse? Yes No

If yes to either of the above, describe the circumstances _____

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 and/or Adult/Child Abuse Registry information check? Yes No

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

Do you have a valid Iowa Drivers license? Yes No Class of Drivers License? _____

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

Do you have a car with adequate liability and accident insurance that will cover accidents or incidents resulting from work activities? Yes No

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

If a license or certificate is required to practice a trade or profession for which you are applying, complete the following:

Name of Trade or Profession _____ License Number _____ Year Obtained _____

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: _____
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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