

(Date of Application)

MUSCOM Employment Application

Muscatine County Administration Office
414 East Third Street, Suite 101
Muscatine, Iowa 52761-4142
(563) 263-5317

It is the policy of MUSCOM not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry, religion, age, political affiliation, or disability. MUSCOM is an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, and recognizes the requirements of THE AMERICANS WITH DISABILITIES ACT.

MUSCOM requires a separate application for each available position.
Applications are only accepted for posted vacancies.

(Middle)

Today's Date:

Position you are applying for:

All questions must be answered in full. Resumes will not be accepted in place of completing this form but may be attached, if desired. False statements or misrepresentation on this application shall be considered grounds for disqualification, discipline, or termination.

(First)

Name (Last, First, Middle)

Email Address:

Number and Street, R.F.D., or P.O Box Number

Primary Phone

City, State and Zip Code

Drivers License # & State

Social Security # (complete only if applying for law enforcement position): _____

Date Available for employment _____

Are you 18 years or older? ☐ Yes ☐ No

Check the type of work you would be seeking:

☐ Full-Time Regular ☐ Full-Time Temporary ☐ Part-Time Regular
☐ Part-Time Temporary ☐ Summer

If you have relatives presently employed by the City of Muscatine or Muscatine County . . .

(Last)

List Name: _____ Department: _____

Relationship to you: _____

Are you a veteran of the United States Military Service? ☐ Yes ☐ No

Are you claiming Veteran's Preference in employment? ☐ Yes ☐ No

(If yes, copy of military form DD-214 must be included with application)

Date of Duty: From _____ To _____ Type of Discharge _____
Mo. Day Yr. Mo. Day Yr.

Have you ever been convicted for an offense other than a traffic violation? ☐ Yes ☐ No

If yes, please explain _____

Are you fluent in any language other than English? ☐ Yes ☐ No

If yes, which language(s) _____

Applicant's Name

To properly evaluate your application, we need information concerning your education, skills and trades you have acquired in addition to your work record. Please answer all questions as completely as possible.

EDUCATION

Are you a high school graduate or equivalent? ☐ Yes ☐ No If not, last grade completed:			
Names of educational institutions attended	Location	Degree/Major	Year Graduated

TRAINING and SPECIAL SKILLS

List any special training (vocational school, short courses, special seminars, business schools, workshops, etc.), that you have completed and show dates of each.

List any special skills you may have in the operation of machinery, equipment, office machines, etc., which you are able to operate in a competent manner.

If job description requires a Chauffeur's Permit or Commercial Driver's License, do you have or would you be able to obtain such a permit? ☐ Yes ☐ No

REFERENCES

List three (3) individuals who know you well enough to give information about your work experience, training, or special skills/abilities for the job you are applying for. Do not include relatives or former supervisors.	
Name	How Acquainted
Address	
	Length of Acquaintance
	Tel. Contact No.
Name	How Acquainted
Address	
	Length of Acquaintance
	Tel. Contact No.
Name	How Acquainted
Address	
	Length of Acquaintance
	Tel. Contact No.

EMPLOYMENT HISTORY

Start with your present or last position and list all previous employment. Include paid and unpaid, full or part-time, military, summer jobs, periods of unemployment, etc.

All information must be included in order for your application to be given full consideration. Resumes may substitute for the description of duties and responsibilities.

If you are currently employed, may we check with your present supervisor? ☐ Yes ☐ No

Name of last employer		Supervisor's name, title, phone number		
Address of last employer		Type of Business	Starting Date	Ending Date
Your Job Title	Reason for Leaving		Starting Salary	Ending Salary
Full-time ☐ Part-time ☐	Hours per week	Description of duties and responsibilities		
Name of last employer		Supervisor's name, title, phone number		
Address of last employer		Type of Business	Starting Date	Ending Date
Your Job Title	Reason for Leaving		Starting Salary	Ending Salary
Full-time ☐ Part-time ☐	Hours per week	Description of duties and responsibilities		
Name of last employer		Supervisor's name, title, phone number		
Address of last employer		Type of Business	Starting Date	Ending Date
Your Job Title	Reason for Leaving		Starting Salary	Ending Salary
Full-time ☐ Part-time ☐	Hours per week	Description of duties and responsibilities		

PLEASE READ BEFORE SIGNING

I hereby certify that the answers given by me to the questions on this application and statements made are true and correct without omissions of any kind. I understand that employment with MUSCOM is contingent upon the results of a physical examination which will be given after a job offer is made, and that a drug screen is required. I also authorize the officials of any educational institution, company, agency, or firm to release any and all information allowed by law and which concerns me relating to my person or work history to MUSCOM for the purpose of reference and/or background investigation. I am actively seeking employment and am signing this voluntarily and release any individual, partnership, corporation, or agency, their officers, agents, and employees from any liability for issuing such information. A photostatic copy of this authorization is considered valid for the purposes named above.

Signature of Applicant: _____ Date: _____

Name of last employer		Supervisor's name, title, phone number	
Address of last employer		Type of business	Starting Date Ending Date
Your Job Title	Reason for Leaving		Starting Salary Ending Salary
Full-Time ☐ Part-Time ☐	Hours per week	Description of duties and responsibilities	

Name of last employer		Supervisor's name, title, phone number	
Address of last employer		Type of business	Starting Date Ending Date
Your Job Title	Reason for Leaving		Starting Salary Ending Salary
Full-Time ☐ Part-Time ☐	Hours per week	Description of duties and responsibilities	

Name of last employer		Supervisor's name, title, phone number	
Address of last employer		Type of business	Starting Date Ending Date
Your Job Title	Reason for Leaving		Starting Salary Ending Salary
Full-Time ☐ Part-Time ☐	Hours per week	Description of duties and responsibilities	

Name of last employer		Supervisor's name, title, phone number	
Address of last employer		Type of business	Starting Date Ending Date
Your Job Title	Reason for Leaving		Starting Salary Ending Salary
Full-Time ☐ Part-Time ☐	Hours per week	Description of duties and responsibilities	

Name of last employer		Supervisor's name, title, phone number	
Address of last employer		Type of business	Starting Date Ending Date
Your Job Title	Reason for Leaving		Starting Salary Ending Salary
Full-Time ☐ Part-Time ☐	Hours per week	Description of duties and responsibilities	

Name of last employer		Supervisor's name, title, phone number	
Address of last employer		Type of business	Starting Date Ending Date
Your Job Title	Reason for Leaving		Starting Salary Ending Salary
Full-Time ☐ Part-Time ☐	Hours per week	Description of duties and responsibilities	

TO ALL APPLICANTS: MUSCOM has an Equal Employment Affirmative Action Program in effect. Qualified applicants are considered in the hiring process without regard to race, creed, color, religion, sex, age, national origin, marital status or disability.

To help us comply with governmental record keeping, we are asking you to complete this Applicant Data Record. This form is retained in the Human Resources Department and is not reviewed with the application by the hiring department. It is retained in a confidential file while your employment is under consideration.

MSUCOM has, and will continue to make, a reasonable commitment toward achieving the spirit and intent of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, which prohibit discrimination against the handicapped/disabled.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- A. Sex ☐ MALE ☐ FEMALE
- B. What is your age? _____
- C. Of which ethnic/racial group do you consider yourself a member?
☐ White ☐ African-American ☐ Asian/Pacific Islander
☐ Hispanic ☐ Native American ☐ Other
- D. Are you a disabled applicant? ☐ Yes ☐ No
- E. MUSCOM encourages applications from qualified disabled persons and requests applicant submission of any information necessary in order to accommodate such applicant in any testing, interview or employment procedure. Please note your request here:

- F. How did you learn about the job for which you are applying?
☐ Muscatine County Job Posting Board
☐ Job Service of Iowa
☐ County Employee
☐ Newspaper [Name] _____
☐ Other Source [Name] _____

Name: _____
(Print Applicant Name Here)