

(Date of Application)

Muscatine County Employment Application

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

It is the policy of Muscatine County 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. Muscatine County is an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, and recognizes the requirements of THE AMERICANS WITH DISABILITIES ACT.

Muscatine County requires a separate application for each available position.

(Middle)

Today's Date: _____	Position you are applying for: _____
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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 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.

Applicant's Name

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) _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Part-time <input type="checkbox"/>	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 <input type="checkbox"/> Part-time <input type="checkbox"/>	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 <input type="checkbox"/> Part-time <input type="checkbox"/>	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 <input type="checkbox"/> Part-Time <input type="checkbox"/>	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 <input type="checkbox"/> Part-Time <input type="checkbox"/>	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 <input type="checkbox"/> Part-Time <input type="checkbox"/>	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 <input type="checkbox"/> Part-Time <input type="checkbox"/>	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 <input type="checkbox"/> Part-Time <input type="checkbox"/>	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 Muscatine County may be contingent upon the results of a physical examination which will be given after a job offer is made. 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 Muscatine County for the purpose of reference and/or background investigation.

In conjunction with my potential employment at Muscatine County, I consent to the release of my Motor Vehicle Records (MVR) to Muscatine County. I understand that these records will be used to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided. This consent remains in effect, if I am selected for employment, for the duration of my employment. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

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: _____

TO ALL APPLICANTS: Muscatine County 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.

Muscatine County 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. Muscatine County 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: _____
(Please Print Name Here)