



APPLICATION FOR EMPLOYMENT

Harrison County, Iowa

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied for		Date of application	
Last Name	First Name	Middle Name	
Address		City	State Zip Code
Telephone Number(s)		Social Security Number	

Have you ever filed an application with Harrison County before? ☐ YES ☐ NO

If yes, give date: _____

Have you ever been employed with Harrison County before? ☐ YES ☐ NO

If yes, give date: _____

Are you currently employed? ☐ YES ☐ NO

Have you served in the United States Military: ☐ YES ☐ NO

Dates of active duty: From: _____ To: _____ Type of Discharge _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment. ☐ YES ☐ NO

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Have you been convicted of a felony or a serious or aggravated misdemeanor? ☐ YES ☐ NO

If yes, please explain: _____

Employment Experience

Start with the most recent, list your employers, assignments or volunteer activities. Include any job-related military service assignments.

Employer	Telephone ()		Dates Employed		Summarize the nature of the work performed and job responsibilities	
		From	To			
Address						
Job Title			Hourly Rate/Salary			
			Starting			
Immediate Supervisor and Title			\$	Per		
Reason for Leaving			Hourly Rate/Salary			
			Final			
May we contact for reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later	\$	Per	
Employer	Telephone ()		Dates Employed		Summarize the nature of the work performed and job responsibilities	
		From	To			
Address						
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			Starting			
Immediate Supervisor and Title			\$	Per		
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Immediate Supervisor and Title			\$	Per		
Reason for Leaving			Hourly Rate/Salary			
			Final			
May we contact for reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later	\$	Per	

Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

Education

	High School	Undergraduate College / University	Graduate / Professional
School Name and Location			
Years Completed			
Diploma / Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status: _____ _____ _____			

References

Work Related	Provide name, title, and telephone number of three references who are not related to you.
1.	
2.	
3.	
Personal	Provide name, title, and telephone number of three references who are not related to you and are not previous employers.
1.	
2.	
3.	

Applicant's Statement

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN PROVIDED A JOB DESCRIPTION / SPECIFICATION CONTAINING THE RESPONSIBILITIES AND DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied?

☐ Yes

☐ No

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 is only for the position listed on the front page of the application and will be destroyed after 60 days.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract, unless the employer and employee in writing execute a specific document to that effect.

In the event of employment, I understand that false or misleading information given in this application or my interview(s) may result in discharge, that I am required to abide by all rules and regulations of the employer.

If selected for employment, I understand that a pre-employment functional capacity exam, pre-employment physical and background check(s) may be required for employment and that I must pass these pre-employment tests/checks to be employed by Harrison County.

I certify that I am 18 years old or older.

Signature of Applicant

Date