



EMPLOYMENT APPLICATION

Fill out Completely.

Engineer's Office:

13522 Washington Road, West Burlington, IA 52655

Date:	Email Address: If available
Position Applied For:	

Name: Last	First	Middle	Social Security No.	Home Phone No.
Address: No. & Street	City	State	Zip Code	Message: Name/Phone Cell Phone No.

EDUCATION:

Cite Specialized Training Other Than Formal Education On Reverse Side

High School	Name of School:	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>	G. E. D.: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address: No. & Street	City	State
College	Name of College:	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
	Address: No. & Street	City	State
Other Schools	Name of Institution:	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Certificate
	Address: No. & Street	City	State

EMPLOYMENT HISTORY: List ALL Positions Held In Reverse Order, Present (or most recent) Job First

Present Job Date of Hire: Mo/Day/Yr	Name of Employer:	Type of business:		
	Address: No. & Street	City	State	Zip Code
Your Position	Nature of Duties:			
Final Salary	Supervisors Name:	Title:	Reason for Seeking New Employment:	
Previous Job Date of Hire: Mo/Day/Yr Final Date: Mo/Day/Yr	Name of Employer:	Type of Business:		
	Address: No. & Street	City	State	Zip Code
Your Position	Nature of Duties:			
Final Salary	Supervisors Name:	Title:	Reason for Seeking New Employment:	
Previous Job Date of Hire: Mo/Day/Yr Final Date: Mo/Day/Yr	Name of Employer:	Type of Business:		
	Address: No. & Street	City	State	Zip Code
Your Position	Nature of Duties:			
Final Salary	Supervisors Name:	Title:	Reason for Seeking New Employment:	

Previous Job Date of Hire: Mo/Day/Yr Final Date: Mo/Day/Yr	Name of Employer:		Type of Business:		
	Address: No. & Street		City	State	Zip Code
Your Position		Nature of Duties:			
Final Salary	Supervisors Name: Title:		Reason for Seeking New Employment:		
Previous Job Date of Hire: Mo/Day/Yr Final Date: Mo/Day/Yr	Name of Employer:		Type of Business:		
	Address: No. & Street		City	State	Zip Code
Your Position		Nature of Duties:			
Final Salary	Supervisors Name: Title:		Reason for Seeking New Employment:		

OTHER INFORMATION

Military	Branch:	Rank:	Duties:
Qualifications And Skills	Describe any equipment extensively operated by your (Office, Construction, Trucks, etc)		
	Current License: <input type="checkbox"/> Driver <input type="checkbox"/> Commercial Driver License <input type="checkbox"/> Chauffer <input type="checkbox"/> None		License ever suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>
	State: No:	Date:	Reason:
Ever convicted of a crime (except minor traffic violations)? Dates: Offenses:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ever collected money or bonded? Yes <input type="checkbox"/> No <input type="checkbox"/> For whom:	
List any specialized training, certificates or achievements:			
How did you hear about this employment opportunity?			
Do you have any relatives or friends currently employed by the County? Yes <input type="checkbox"/> (List names) No <input type="checkbox"/>			
Have you reviewed the job description or posting for the position sought?			

REFERENCES: (List three (Local area residents, if available))

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Des Moines County, Iowa does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, Religion, age, or disability in employment or provision of services.

I hereby certify that the answers given and statements made by me on this Employment Application are true and correct and that there are no material omissions. I authorize my present and former employers to give County officials any information regarding me or my performance and release such employers, including their representatives and their companies, from all liability from damage for providing requested information. I understand that should an investigation disclose misrepresentation or falsification, I will be dismissed immediately, my application will be rejected and I will be disqualified from making future application with the County.

I understand that any employment offered by the County is "employment at will" and I may be terminated for any reason not violation of law (or a collective bargaining agreement where applicable). I understand my driving and any criminal records my be checked and I agree to submit to a pre-employment physical examination, if required, at County expense following a conditional offer of employment. I also understand that Des Moines County, Iowa has a strict policy against illegal drug involvement by employees that can result in immediate disqualification or dismissal from employment for such illicit activities occurring on or off the job, and I may be subject to random drug testing. I also understand the County strictly enforces the Iowa Smoke-free Air Act and employees violating said Act are subject to discipline, up to and including discharge.

Read the Above Statement Carefully! Date: _____ Signature of Applicant: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____
SOCIAL SECURITY #: _____
DATE OF BIRTH: _____
DRIVER'S LICENSE #/STATE: _____

I, _____, do hereby authorize Des Moines County, Iowa, to conduct a driver's license check, investigate my past employment history, conduct a criminal background investigation and obtain any other information as may be necessary in determining my suitability for employment with Des Moines County.

I fully understand the information provided may be of a sensitive, confidential and privileged nature, and may reflect negatively upon me.

Any questions pertaining to the release of information should be directed to the Des Moines County Engineer's Office at (319)753-8241.

I acknowledge that this information is necessary. I hereby release any providers of information from any and all liabilities.

Signature

Date