

FRANKLIN COUNTY COMMUNICATIONS



Submit completed applications to:

Franklin County Communications Commission
P.O. Box 57 (mail)
105 5th St SW
Hampton, IA 50441
Telephone: 641-456-2731
Fax: 641-456-6006
E-mail: jbardole@co.franklin.ia.us

Franklin County is an equal opportunity employer.

All hiring, promotional practices, and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, religion, color, disability, pregnancy, marital status, sex, national origin, ancestry, or any other legally protected status.

APPLICATION INSTRUCTIONS:

Please print in ink or type. This application must be fully completed to be considered for employment. Incomplete applications may be rejected. If more space is needed, please indicate this on the application form and attached additional paper to application. Applications received after the deadline will not be considered. If a question does not apply to you, write "N/A" in the space supplied.



Franklin County Communications
Application for Employment

POSITION APPLIED FOR: (required) _____ Date of Application _____

This application is good for 120 days from the above date, after which it will be shredded. This is to keep information provided current. You may re-apply if a position opens.

PERSONAL INFORMATION

Name _____ Former Name(s) _____
Last First Middle

Address _____
Street City State Zip Code

Social Security Number - _____ - _____ Date of Birth ____/____/____
MM DD YYYY

Telephone Number (s)
Daytime Evening

Yes No Are you legally eligible for employment in the United States?

Yes No Are you 18 or older?

Yes No Have you ever been employed by Franklin County before? If yes, give dates: _____
Department: _____ Position: _____

Yes No Do you have a valid Iowa Driver's License? Number: _____

Yes No Do you have a valid Iowa Commercial Driver's License?
CDL Classes: _____ Endorsements: _____

Yes No Are you currently receiving or have applied for an annuity under IPERS Retirement System?

Are you interested what time of employment? [] Full-Time [] Part-Time Available start date: _____

RESIDENCY HISTORY

Starting with your most recent address, list chronologically all of your past residences during the ten (10) years. Include addresses while attending school if away from home and all military addresses. Do not omit any information. Make additional copies of this sheet if necessary.

Dates _____ to _____ Address _____
(MM/YYYY) (MM/YYYY) Street City State Zip Code

If rented, give name, address and telephone of person responsible for collection of rent. _____

Dates _____ to _____ Address _____
(MM/YYYY) (MM/YYYY) Street City State Zip Code

If rented, give name, address and telephone of person responsible for collection of rent. _____



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Dates _____ to _____ Address _____
(MM/YYYY) (MM/YYYY) Street City State Zip Code

If rented, give name, address and telephone of person responsible for collection of rent. _____

Dates _____ to _____ Address _____
(MM/YYYY) (MM/YYYY) Street City State Zip Code

If rented, give name, address and telephone of person responsible for collection of rent. _____

EMPLOYMENT INFORMATION

Give a complete record of any employment, self-employment, military service experience you have had the past 10 years. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. Please note that it is policy of Franklin County to contact an applicant's current employer only after the applicant has been deemed a finalist for a position. **Make additional copies of this page if necessary.** Complete ALL requested information.

Employer _____

Address _____

Dates Employed _____

Is this business still active? Yes No

Position Held _____

Duties _____

Supervisor _____

Reason for leaving _____

Phone Number _____

Employer _____

Address _____

Dates Employed _____

Is this business still active? Yes No

Position Held _____

Duties _____

Supervisor _____

Reason for leaving _____

Phone Number _____

Employer _____

Address _____

Dates Employed _____

Is this business still active? Yes No

Position Held _____

Duties _____

Supervisor _____

Reason for leaving _____

Phone Number _____



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Employer _____

Address _____

Dates Employed _____

Is this business still active? Yes No

Position Held _____

Duties _____

Supervisor _____

Reason for leaving _____

Phone Number _____

Were you ever subjected to disciplinary action, written warnings, letters of reprimand, suspension, Court marshals, dismissal, in connection with any employment? YES NO If yes, please explain:

LAW ENFORCEMENT CERTIFICATION

Yes No Are you currently or have been certified by Iowa Law Enforcement Academy as a peace officer (full- or part-time?)

Yes No Are you currently or have been certified by Iowa Law Enforcement Academy as a Telecommunicator or Jailor or both? (full- or part-time)?

Yes No Have you ever been the subject of a background investigation conducted by a law enforcement agency, which was considering you for employment? If yes, complete the following.

Date _____ Agency Name/Address _____

Date _____ Agency Name/Address _____

Date _____ Agency Name/Address _____

PERSONAL REFERENCES

Give three references (not relatives, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities. **DO NOT LIST LAW ENFORCEMENT REFERENCES.**

1. _____
Name Address

Occupation _____ Daytime Phone _____

2. _____
Name Address

Occupation _____ Daytime Phone _____

3. _____
Name Address

Occupation _____ Daytime Phone _____



SOCIAL REFERENCES

Give three references (not relatives, not in law enforcement, or not listed in personal reference) to whom you have had contact with in the last six months.

1. _____
 Name _____ Address _____
 Occupation _____ Phone _____ Best Time to Contact _____

2. _____
 Name _____ Address _____
 Occupation _____ Phone _____ Best Time to Contact _____

3. _____
 Name _____ Address _____
 Occupation _____ Phone _____ Best Time to Contact _____

LAW ENFORCEMENT REFERENCES

List the names of Law Enforcement Officers that you know personally and that have personal knowledge of you.

1. _____
 Name _____ Address (if known) _____
 Department _____ Phone _____

2. _____
 Name _____ Address (if known) _____
 Department _____ Phone _____

3. _____
 Name _____ Address (if known) _____
 Department _____ Phone _____

RECORD OF LAW ENFORCEMENT CONVICTIONS

Have you ever been convicted of an offense other than minor traffic violations? Yes No

If yes, list the details below. Use additional sheets if necessary. Convictions are not automatic bar to employment. This information will only be used if relevant to the position for which you are applying.

Date	Municipal/County/State	Law Violated	Disposition
_____	_____	_____	_____
_____	_____	_____	_____



DRIVING HISTORY

Yes No Do you hold a valid Driver’s License from any other state other than those listed on page 1?

Yes No If yes, list those states. _____

Yes No Have you ever had a Driver’s License suspended, revoked, or restricted? If yes, please explain: _____

USE OF ALCOHOL OR DRUGS AS AN ADULT

Yes No Do you currently drink alcoholic beverages? If yes, to what degree?

Yes No Do you currently use marijuana? If yes, to what degree? _____

Yes No Do you currently use nonprescription illegal drugs, such as opiates, LSD, cocaine, meth, etc.? If yes, to what degree?

JUDICIAL ACTION

Yes No Have you ever been **charged or convicted of ANY** law violation including traffic citations, other than parking tickets? Include traffic violations as a juvenile. If yes, complete the following.

Date	Location (Agency/Court)	Charge/Violation	Final Disposition	Comments

Yes No Are you now, or as an adult, have you been involved as a plaintiff, defendant, petitioner or respondent in a civil court action? If yes, please explain: (include when, where: name and location of court, and disposition).

Date	Location	Type of Action	Disposition

Yes No As an adult, have you ever been fingerprinted? If yes, complete the following.

Date	Location	Reason for fingerprinting



**Franklin County Communications
Application for Employment**

Yes No As an adult, have you ever received a pardon or deferred sentence for a crime? If yes, complete the following.

Date Location State Offense Age Then Police Agency Involved

Yes No As an adult, have you ever had contact with a police agency as a victim, witness, suspect or complaint?

Date Location Circumstances Police Agency Involved

Yes No Have you ever been involved in or witness to a traffic accident or received a written warning? If yes, please list the following.

Date Location Circumstances Police Agency Involved

EDUCATIONAL HISTORY

Communications Commission requires that an applicant for employment as a Telecommunicator is a high school graduate with a diploma, or possesses a GED equivalency certificate.

Yes No I am a graduate of the Iowa Law Enforcement Academy. Date _____ Basic Class # _____

Yes No I am a graduate of a 2-year Criminal Justice Program. School _____

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				



Graduate/ Professional				
Other (Specify)				

Please attach copies of all diplomas and transcripts, if available.

Yes No High school equivalency certificate (G.E.D)? *If yes, please submit documented proof.*

SPECIAL SKILLS AND QUALIFICATIONS

Describe any specialized training, apprenticeship, job-related skills and extra-curricular activities: (equipment operated, computer skills, foreign languages, professional licenses, etc)

PROFESSIONAL OR CIVIC ORGANIZATION MEMBERSHIP

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status. If more room is needed, add additional page.



This authorization must be signed and dated upon return to the Franklin County Communications Commission before consideration for employment within Franklin County.

AUTHORIZATION AND SIGNATURE

I hereby certify that the answers given by me to the questions and statements on this application are true and correct. I hereby authorize Franklin County to contact references, past or present employers, persons, schools, law enforcement agencies and other sources of information, which may be relevant to my application for employment.

This application is good only for the position I am applying for at this time. To be considered for future positions, a new application must be completed at the time the position is being recruited.

It is understood and agreed that any misrepresentation, false statement or omission by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to Franklin County.

I hereby acknowledge that I have read and understand the statements above.

Applicant's Name (Print) _____

Date _____

Applicant's Signature _____

**Thank you for completing this application and for your interest in employment
with Franklin County Communications Commission.**

**Chairman Larry Richtsmeier
Franklin County Communications Commission
105 – 5th Street SW, PO Box 57, Hampton IA 50441**