

**FRANKLIN COUNTY, IOWA**  
**APPLICATION FOR EMPLOYMENT**



**POSITION APPLIED FOR** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

On what basis are you available for employment?  Full-time  Part-time

How did you learn about this position? \_\_\_\_\_  
(Newspaper, county website, radio, personnel announcement, walk in, etc)

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number (s) \_\_\_\_\_  
Daytime Evening

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**BACKGROUND**

- Yes  No Have you ever filed an employment application with Franklin County before?  
If yes, give date: \_\_\_\_\_
- Yes  No Have you ever been employed by Franklin County before?  
If yes, give date: \_\_\_\_\_
- Yes  No 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 Have you ever been discharged or asked to resign from employment?
- Yes  No Have you ever been convicted of a crime other than minor traffic violation?
- Yes  No Have you been convicted or have you pled guilty to two or more moving traffic violations in the past two years? If yes, please explain \_\_\_\_\_
- Yes  No May we contact your present employer? *If you answer "No" and we need to contact your present employer before we can offer you a job, we will contact you first.*
- Yes  No Is there any reason why you would be unable to perform the essential functions of the job for which you are applying? If yes, please explain \_\_\_\_\_
- Yes  No Has your driver's license been suspended or revoked during the past year? If yes, please explain \_\_\_\_\_

If you have answered "Yes" to any of the above questions, please give particulars on a separate sheet. A "Yes" answer does not automatically disqualify you from employment. **Applicants will not be excluded solely based on conviction of a crime and/or driving violations. Employment decisions will depend on the nature of the offense, nature of the job, and the date of the conviction or driving violation.**

**VETERAN'S PREFERENCE**

Yes  No Are you a U.S. Veteran?  
Dates of active duty \_\_\_\_\_ - \_\_\_\_\_  
From To

Yes  No Are you a member of the reserves or national guard?

Those wishing to claim veteran's preference MUST SUBMIT PROOF OF SERVICE (DD 214), which includes dates of active duty.



**EMPLOYMENT EXPERIENCE**

List below, in reverse order, the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks including kind of work and supervisory, technical, or other responsibilities. Give as complete information as possible. **Note: Resumes will not be accepted in lieu of completion of this part, or any part, of this application.**

1. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

*If you need additional space, please continue on a separate sheet of paper.*



**EMPLOYMENT EXPERIENCE**

List professional, trade, business, or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.*

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Summarize special job-related skills, qualifications, or licenses acquired from employment or other experience.

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Yes  No Do you possess a valid Driver's License?

Yes  No Do you possess a valid Commercial Driver's License? If yes, in what state? \_\_\_\_\_

List any special skills or equipment operated \_\_\_\_\_

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**EDUCATION**

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

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



**REFERENCES**

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Franklin County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Franklin County.

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

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview?  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed?  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date