



Application For Employment

Marshall 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	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Last Name		First Name	
Middle Name			
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		Social Security Number	

Have you ever filed an application with Marshall County before? Yes No
If yes, give date _____

Have you ever been employed with Marshall 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? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

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

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Per	
	Yes	No	Later			
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	
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Reason for Leaving				Hourly Rate/Salary		
				Final		
May we contact for reference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	Per	
	Yes	No	Later			

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

Comments (including explanation of any gaps in employment)

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	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities.												
Describe any honors you have received.												
State any additional information you feel may be helpful to us in considering your application.												
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 for employment shall be considered active for a period of time not to exceed one year. 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.

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 affect.

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, and I may be required to satisfactorily pass a physical examination given by a physician designated by the county and asked to sign a consent for release of medical information derived from said examination.

I certify that I am 18 years old or older.

Signature of Applicant

Date

Voluntary Affirmative Action Information

(Completion of information below is voluntary)

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Last Name		First Name		Middle Name	Telephone Number(s)
Address	Number	Street		City	State
					Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Check one of the following Race/Ethnic Groups

Hispanic Black White American Indian or Alaskan Native Asian or Pacific Islander

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

VIETNAM ERA VETERAN DISABLED VETERAN INDIVIDUAL WITH A DISABILITY

**To be completed by applicant – Not for interview purposes – To be filed separately from application.
This information is used to satisfy the Affirmative Action requirements of Section 503 of the
Rehabilitation Act or necessitated by another federal law or regulation.**