



## Mahaska County Employment Application

Mahaska County provides equal employment opportunities to all applicants for employment and to all employees and does not discriminate on the basis of age, race, creed, color, sex (including pregnancy), sexual orientation, gender identity, national origin, religion, disability, genetic information or any other legally protected status or characteristic.

The position (department) I am applying for is: \_\_\_\_\_

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

\_\_\_\_\_  
Address Street City State ZIP Code

\_\_\_\_\_  
Telephone Cell Phone

\_\_\_\_\_  
Email Address

**Please be sure to answer all items completely and accurately.**

Type of work you would accept:  Full time  Part time  Summer  Temporary

What date would you be available for work? \_\_\_\_\_

Have you ever filed an application with Mahaska County before?  Yes  No If yes, Month/Year \_\_\_\_\_

Have you ever been employed with Mahaska County before?  Yes  No

If yes, in what capacity? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

What is the minimum salary that you would accept? \_\_\_\_\_

Would you be willing to work overtime if required?  Yes  No

Would you be willing to relocate if required?  Yes  No

Would you be willing to travel if required?  Yes  No

Do you have any relatives, including in-laws, currently employed by Mahaska County?  Yes  No

If yes, state the name, relationship and department in which they are employed.

Are you legally eligible to be employed in the U.S.?  Yes  No *Proof of identity and eligibility will be required upon employment*

Are you 18 years old or older?  Yes  No

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever been convicted of a crime (other than a minor traffic violation)?  Yes  No

If so, please indicate the nature of the offense, date, state and disposition.

*A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying.*

## Veterans Preference

Chapter 35C, **Code of Iowa**, provides certain rights, including preference in hiring if equally qualified to other applicants, to certain veterans of United States Military Service. Qualifications for these rights is defined in this statute.

Are you a Veteran of United States Military Services?  Yes  No

Branch of Service and Dates of Active Duty \_\_\_\_\_

Are you a member of the Reserves or National Guard?  Yes  No

Any person who may wish to claim a Veterans Preference must submit a copy of a certified form DD214 by the deadline set for the receipt of applications for the position that the person is applying for.

## Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree			
Course of Study			

Describe any skills, specialized training, apprenticeship, certifications, licensures, and applicable extra-curricular activities.

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List equipment and computer software you can operate if applicable to the position. (Include type, tasks performed and years of experience)

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List construction equipment previously operated if applicable to the position. (Include type, tasks performed and years of experience)

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Do you have a record of founded child or dependent adult abuse?  Yes  No

Such a record will not necessarily disqualify an applicant. The circumstances of the conviction will be considered in relation to the nature and duties of the position.

## Employment Experience

List previous employment. Start with your present or last job. Add another sheet if necessary.

Employer	Dates Employed From / To	Work performed
Address		
Telephone number	Hourly Rate/Salary Starting / Final	Reason for leaving
Job title		
Supervisor		

May we contact the employer listed above?  Yes  No If no, why?

Employer	Dates Employed From / To	Work performed
Address		
Telephone number	Hourly Rate/Salary Starting / Final	Reason for leaving
Job title		
Supervisor		

May we contact the employer listed above?  Yes  No If no, why?

Employer	Dates Employed From / To	Work performed
Address		
Telephone number	Hourly Rate/Salary Starting / Final	Reason for leaving
Job title		
Supervisor		

May we contact the employer listed above?  Yes  No If no, why?

## **Applicant's Statement**

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 45 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationships with Mahaska County is of an at-will nature, which means that the employee may resign at any time and that Mahaska County may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Mahaska County constitutes an employment contract unless a specific document to that effect is executed by Mahaska County and be in writing.

I hereby acknowledge that as a condition of employment I may be required to submit to, and successfully pass, a criminal background check, credit history check, post-offer pre-employment physical and drug screen.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Mahaska County cost. I understand that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

Date

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Please be advised that because Mahaska County is a public entity, it is subject to the requirements of Chapter 22, Code of Iowa, regarding the examination of public records, and this application may be subject to examination under this statute.

*Individuals in need of special accommodations are asked to notify our office in advance.*

**Please include three references: personal or professional in the spaces below.**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information :

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information :

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information :

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_