



Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (Please indicate  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> shift)

Part-Time (Please indicate  Mornings  Afternoon  Evenings)

Temporary (Please indicate dates available: \_\_\_\_\_ to \_\_\_\_\_)

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

Yes  No Can you travel if a job requires it?

**Veterans Preference**

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

Are you a Veteran of United State Military Service? 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 for which the person is applying.

**QUALIFICATIONS**

Please read the attached position description for the position of \_\_\_\_\_

Are you able to perform the essential functions of this position, with or without a reasonable accommodation?

Yes  No

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

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

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

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**EDUCATION**

High school graduate or equivalent (GED)?      YES                      NO

Number of years of education completed after High School or Equivalent \_\_\_\_\_

Name and Location of Schools Attended or Vocational Training Obtained Beyond High School	Degree/Certification

**ADDITIONAL INFORMATION**

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**OTHER QUALIFICATIONS**

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

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**SPECIALIZED SKILLS** (Please list any specialized skills, experience in operation of equipment or other similar information that you would like us to be aware of.)

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State any additional information you feel may be helpful to us in considering your application.

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**REFERENCES**

1. Name _____	Phone _____
Address _____	
2. Name _____	Phone _____
Address _____	
3. Name _____	Phone _____
Address _____	

## APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigations of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. In connection with my application for employment with the County, I expressly authorize the release to the County of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, social media accounts and previous employers. I hereby release and discharge the County and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the county as part of my application for employment.

I authorize Van Buren County to conduct a check of the status of my driver's license and my driving record and agree to sign a separate authorization for this specific purpose.

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 Van Buren County is "at will," which means that the Employee may resign at any time, and the Employer may discharge the Employee at any time with or without cause. It is further understood that the "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 Van Buren County.

I understand that any offer of employment that is extended to me is considered to be a conditional offer and is subject to successful completion of all required background checks. Identifying information such as my social security number and driver's license number will be requested at the post-offer, pre-employment stage, unless identifying information must be requested earlier in the hiring process for positions such as law enforcement positions.

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 will be required to abide by all rules and regulations of the Employer.

I agree to give Van Buren County permission to complete appropriate background checks and agree to sign separate permission/authorization forms so that this can be accomplished.      YES      NO

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

\_\_\_\_\_  
Date

**FOR COUNTY 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

