



# Jasper County, Iowa

## Application for Employment

|  |  |   |
|--|--|---|
| <b>Return application to:</b><br>Jasper County Human Resources<br>115 2nd Ave N, Room B5<br>Newton, Iowa 50208 | <b>Contact Information:</b><br>Phone: (641) 787-1024<br>Fax: (641) 787-1101<br>E-mail: hr@jasperia.org | <b>For office use only - do not write in this box</b> |
|--|--|---|

Jasper County is an equal opportunity employer. Qualified applicants are eligible to compete for positions without regards to race, creed, color, religion, age, sex, national origin, marital status, sexual orientation, disability and/or any other characteristic protected by federal, state or local laws. If assistance is required to complete this application, contact the Jasper County Human Resources Office. Be sure to answer all questions completely and accurately. Please print clearly, illegible applications can not be processed.

|                   |                        |                          |           |
|-------------------|------------------------|--------------------------|-----------|
| Application Date: | Position Applying for: | <input type="checkbox"/> | Full-time |
|                   |                        | <input type="checkbox"/> | Part-time |

How did you learn about this job opening?

Please list any experience, skills or qualifications which may relate to the position you are applying for.

### PERSONAL INFORMATION

|  |   |   |      |
|--|---|---|------|
| Last Name:   | First:  | Middle:   |      |
| Street Address:  | City:   | State:  | Zip: |
| Social Security Number:  | Are you legally authorized to work in the US?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you 18 years of age or older?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |      |
| Main Phone #:  | Alternate Phone #:  |   |      |
| E-mail Address:  | Identify any relatives employed by Jasper County (Name / Dept / Relationship)                             |   |      |
| Have you every worked for Jasper County? (If yes, give dates, title, dept) | Reason for leaving prior employment with Jasper County?   |   |      |

### EDUCATION

Circle the highest grade completed: **High School Diploma**      College: **1**

| Classification     | Name & Location: | Dates Attended                    | Major / Field of Study | Degree Attained |
|--------------------|------------------|-----------------------------------|------------------------|-----------------|
| High School        |                  | Do not list dates for High School |                        |                 |
| College            |                  |                                   |                        |                 |
| Vocational / Tech. |                  |                                   |                        |                 |
| Other              |                  |                                   |                        |                 |

## EMPLOYMENT HISTORY

Please provide a complete record of your employment history and any reason for periods of unemployment. Include paid time, volunteer work, military service, part-time, etc... Start with your present or most recent employer. This section must be completed even if you submit a resume. Failure to do so could result in application being rejected. Use additional pages as needed to list additional employers.

|   |                               |                     |                                |  |           |
|---|-------------------------------|---------------------|--------------------------------|--|-----------|
| <b>Most Recent Employer</b>   | Company Name:                 |                     | Telephone Number:              |  |           |
|   | Street Address, City & State: |                     | Dates Employed: (Month & Year) |  |           |
|   |                               |                     | From:                          | To:  |           |
|   | Position Held:                |                     | Hourly Pay / Salary            | <input type="checkbox"/>                                 | Full-time |
|   |                               |                     |                                | <input type="checkbox"/>                                 | Part-time |
| Describe Your Duties:   |                               |                     |                                |  |           |
| Name of Supervisor:   |                               | Reason for Leaving: |                                | Permission to contact employer?                          |           |
|   |                               |                     |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |
| <b>Next Employer</b>  | Company Name:                 |                     | Telephone Number:              |  |           |
|   | Street Address, City & State: |                     | Dates Employed: (Month & Year) |  |           |
|   |                               |                     | From:                          | To:  |           |
|   | Position Held:                |                     | Hourly Pay / Salary            | <input type="checkbox"/>                                 | Full-time |
|   |                               |                     |                                | <input type="checkbox"/>                                 | Part-time |
| Describe Your Duties:   |                               |                     |                                |  |           |
| Name of Supervisor:   |                               | Reason for Leaving: |                                | Permission to contact employer?                          |           |
|   |                               |                     |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |
| <b>Next Employer</b>  | Company Name:                 |                     | Telephone Number:              |  |           |
|   | Address, City & State:        |                     | Dates Employed: (Month & Year) |  |           |
|   |                               |                     | From:                          | To:  |           |
|   | Position Held:                |                     | Hourly Pay / Salary            | <input type="checkbox"/>                                 | Full-time |
|   |                               |                     |                                | <input type="checkbox"/>                                 | Part-time |
| Describe Your Duties:   |                               |                     |                                |  |           |
| Name of Supervisor:   |                               | Reason for Leaving: |                                | Permission to contact employer?                          |           |
|   |                               |                     |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |
| <b>Next Employer</b>  | Company Name:                 |                     | Telephone Number:              |  |           |
|   | Address, City & State:        |                     | Dates Employed: (Month & Year) |  |           |
|   |                               |                     | From:                          | To:  |           |
|   | Position Held:                |                     | Hourly Pay / Salary            | <input type="checkbox"/>                                 | Full-time |
|   |                               |                     |                                | <input type="checkbox"/>                                 | Part-time |
| Describe Your Duties:   |                               |                     |                                |  |           |
| Name of Supervisor:   |                               | Reason for Leaving: |                                | Permission to contact employer?                          |           |
|   |                               |                     |                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |           |
| Have you even been discharged from a job? If "Yes" please list the employer, dates and provide explanation: |                               |                     |                                |  |           |
| <input type="checkbox"/>  | Yes                           |                     |                                |  |           |
| <input type="checkbox"/>  | No                            |                     |                                |  |           |

**MILITARY SERVICES**

|                   |         |             |
|-------------------|---------|-------------|
| Dates of Service: | Branch: | Final Rank: |
|-------------------|---------|-------------|

List training and kind of work performed in Military:

|   |  |
|---|--|
| Are you claiming Military Preference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If <b>"YES"</b> to claiming Military Preference, you are required to submit your undeleted DD 214 Form with your applicant |
|---|--|

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

| Type of Licenses / Cert. | License / Cert. Number | State Issued | Expiration Date |
|--------------------------|------------------------|--------------|-----------------|
|                          |                        |              |                 |
|                          |                        |              |                 |
|                          |                        |              |                 |
|                          |                        |              |                 |

**BACKGROUND INFORMATION**

Have you ever worked under or been known by another name? If **"Yes"** please list name(s) dates and reason for use.

Yes  
 No

Have you ever been convicted of, pled guilty to, or have charges pending for a felony, misdemeanor or other criminal offense excluding minor traffic violations (please include deferred judgments)? If **"Yes"** please explain, include dates, locations and charges of each incident:

Yes     No

Please note: A conviction or criminal record is not an automatic disqualification from employment and the nature, disposition & timelines of the offense will be considered only as it relates to the position for which you are applying for.

**PROFESSIONAL REFERENCES**

Please provide the names and information of three individuals not related to you, who we may contact regarding your abilities.

|                       |               |                   |
|-----------------------|---------------|-------------------|
| Name:                 | Relationship: | Organization:     |
| Working Phone Number: | Address:      | Years Acquainted: |
|                       |               |                   |
| Name:                 | Relationship: | Organization:     |
| Working Phone Number: | Address:      | Years Acquainted: |
|                       |               |                   |
| Name:                 | Relationship: | Organization:     |
| Working Phone Number: | Address:      | Years Acquainted: |
|                       |               |                   |

**ABUSE REGISTRY AND CRIMINAL HISTORY WAIVER**

I hereby give permission for Jasper County, Iowa to conduct a child and/or dependent adult abuse check and an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by DCI may be released and I understand that it will be used by the requestor only for licensing, employment or volunteer purposes.

\_\_\_\_\_   
 Applicant's Signature

\_\_\_\_\_   
 Date

**SIGNATURE REQUIRED**

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be hired; or "IF" hired, I may be discharged.

I authorize the employer to investigate all statements contained in this application for employment to include criminal, child and/or adult abuse information as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

I authorize my prior employer, references and others with information regarding my work, education history or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all polices, procedures, rules and regulations established by Jasper County.

I also understand that "IF" I am offered employment, the offer is conditional upon receipt of satisfactory employment reference, acceptable criminal/abuse background information, and favorable health evaluation, which includes a physical examination.

\_\_\_\_\_   
 Applicant's Signature

\_\_\_\_\_   
 Date

It is the policy of Jasper County, an Equal Opportunity and Affirmative Action Employer, that all persons employed will be treated without regards to race, color, religion, qualified disability, sex, age or national origin, except where these categories are a bona fide occupation qualification.

The Human Resources Department of Jasper County is the designated coordinator or our programs and procedures for implementation of this policy.

**FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

| Hire Date: | Department | Position | Pay Step & Range |
|------------|------------|----------|------------------|
|            |            |          |                  |

## VOLUNTARY SELF IDENTIFICATION

The Equal Employment Opportunity Commission (EEOC) requires employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which and individual applies. The information requested on this form is for compliance with certain record keeping requirements. Jasper County, Iowa is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status or any other classification protected by Federal, State & Local law.

### Please Print the Following Information:

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

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

Gender:  Male  Female

## Ethnic Group

Please check the box of the description below corresponding to the ethnic group with which you most identify.

- White (Not of Hispanic origin).
- Black / African American (Not of Hispanic origin)
- Hispanic (All persons of Mexican, Puerto Rican, Cuban or South America, or other Spanish culture or origin).
- Asian or Pacific Islander (All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands).
- American Indian or Alaskan Native (All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Two or More Races.

## Veterans and Disabled Individuals

Regulations by the US Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era Veterans require that federal Contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use in accordance with regulations, and without subjecting the individual to adverse treatment.

### Disabled / Veteran Classification(s)

- Disabled Person: Federal regulation defines a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.
- Vietnam Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- Special Disability Veteran: (30% or more disability): Federal regulations defines a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for disability rated 30% or more, (2) was discharged or released from active duty because of a service-connected disability.