

# OSCEOLA COUNTY APPLICATION FOR EMPLOYMENT

OSCEOLA COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on the application is intended to secure information to be used for such discrimination.

**THIS IS A FILLABLE FORM. PLEASE TYPE IN THE INFORMATION TO FIT THE SPACES.**

## GENERAL INFORMATION

Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever filed an application with Osceola County before?      Yes      No

If yes, please give the date: \_\_\_\_\_

Have you ever been employed with Osceola County previously?     Yes     No

If yes, give date & department: \_\_\_\_\_

Are you currently employed:      Yes      No

***In compliance with Federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Applicants are subject to background checks.***

Employment desired:     Full-time     Part-time     Temporary

When are you available for work? \_\_\_\_\_

Can you travel if the job requires it?      Yes      No

Have you ever been convicted of a felony?     Yes     No

If yes, explain: \_\_\_\_\_

## VETERANS PREFERENCE

Chapter 35C, Code of Iowa, provides certain rights, including preference in hiring if equally qualified, to certain veterans of the U.S. Military Service. Qualifications for these rights is defined by the statute.

Are you a veteran of the United States military service?     Yes     No

If yes, did you receive an honorable discharge?     Yes     No

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

Branch of Service and dates of Active Duty: \_\_\_\_\_

***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 of which the person is applying.***

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS	MAJOR or DEGREE	CHECK IF GRADUATED
High School					
College					
Graduate School					
Bus. Or Trade School					
Professional School					

**DRIVER'S LICENSE (Only for positions which require driving or travel is required for work or job description).**

Do you have a valid driver's license?      Yes      No      State issued \_\_\_\_\_

Driver's license # \_\_\_\_\_ Expiration date \_\_\_\_\_

Do you have a Commercial Driver's License (CDL)?      Yes      No      If yes, type \_\_\_\_\_

CDL Endorsements \_\_\_\_\_

Have you had any accidents during the past three (3) years?      Yes      No      How many? \_\_\_\_\_

Have you had any moving violations during the past three (3) years?       Yes       No      How many? \_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, E.G. fluency in other languages, licenses, specialized training, apprenticeships, or job-related military training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you provide verification for the special skills?      Yes      No

**REFERENCES**

Please list two (2) references other than relatives or previous employers:

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Relationship _____	Relationship _____

**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

<b>Employer:</b>	
<b>Address:</b>	
<b>Job Title:</b>	<b>Supervisor:</b>
<b>Dates of Employment:</b> From:	To:
<b>Work Performed:</b>	
<b>Reason for Leaving:</b>	

<b>Employer:</b>	
<b>Address:</b>	
<b>Job Title:</b>	<b>Supervisor:</b>
<b>Dates of Employment:</b> From:	To:
<b>Work Performed:</b>	
<b>Reason for Leaving:</b>	

<b>Employer:</b>	
<b>Address:</b>	
<b>Job Title:</b>	<b>Supervisor:</b>
<b>Dates of Employment:</b> From:	To:
<b>Work Performed:</b>	
<b>Reason for Leaving:</b>	

**Your application will remain confidential unless you agree to disclosure by checking the box and signing below:**

**I agree to allow this application to be subjected to disclosure.**

Signature

Date

**I give Osceola County the authority to contact any previous employers.**

Signature

Date

**WAIVERS AND DISCLOSURES**

**Please read each section carefully, then sign below and date.**

**AT WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete, and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature

Date

**This application for employment shall be considered active for a period of time not to exceed forty-five (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.**

**Thank you for applying to Osceola County.**