



# APPLICATION FOR EMPLOYMENT

## Clay 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)*

Positions(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 Clay County before?  YES     NO  
 If yes, give date \_\_\_\_\_

Have you ever been employed with Clay 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: \_\_\_\_\_

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# 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"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later	\$	Per
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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				Starting		
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Reason for Leaving				Hourly Rate/Salary		
				Final		
May we contact for reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later	\$	Per

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

Comments (including explanation of any gaps in employment):

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**Skills and Qualifications:** Summarize special job-Related skills and qualifications acquired from employment or other experience.

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# Education

	High School	Undergraduate College / University	Graduate / Professional
School Name and Location			
Years Completed			
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

<b>Work Related</b>	Provide name, title, and telephone number of three references who are not related to you.
1.	_____
2.	_____
3.	_____

<b>Personal</b>	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 effect.  
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