

Keokuk County

Employment Application

We are an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally-protected status. The County also complies with applicable veteran's preference requirements.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you at least 18 years of age?	YES ☐	NO ☐	Can contact your present or past employers?	YES ☐	NO ☐
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Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?	YES ☐	NO ☐
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Are you related to anyone who works for the County?	YES ☐	NO ☐	If yes, who and relationship?	_____	
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Have you ever worked for this company?	YES ☐	NO ☐	If yes, when?	_____	
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Are you able, either with or without reasonable accommodations, to safely perform the essential functions of the job for which you are applying?	YES ☐	NO ☐	Do you possess a valid Iowa driver's license? (If required for position)	YES ☐	NO ☐
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Have you ever been convicted of a felony?	YES ☐	NO ☐
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If yes, explain: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Please attach Proof of Service (DID 214) to this application form.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Additional Skills

Please indicate in the space below and on additional blank sheets, if necessary, such experience, training, skills or abilities that you believe will qualify you for the position for which this application is filed.

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation and verification of all statements contained in this application.

In applying for employment I want the County to be fully informed of my previous record and hereby authorize the County to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, schools, companies, law enforcement agencies and other organizations or employers from any liability on account of furnishing such information.

If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by me or the County.

If this application leads to employment, I understand that false, misleading or withheld information in my application or interview may result in my rejection for employment or release from employment.

Signature: _____ Date: _____