

KEOKUK COUNTY

HIGHWAY DEPARTMENT



Please print in
ink or type

EMPLOYMENT APPLICATION

Equal Opportunity Employer: It is our policy to abide by Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, sexual orientation, gender identification, marital status, disability, or any other status protected by law. **Note:** If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe is appropriate:

Position(s) Applied for: _____	Date of Application: _____
How did you learn about us?	
☐ Radio ☐ Friend ☐ Relative ☐ Website _____ ☐ Newspaper Advertisement _____ (specify) ☐ Trade Publication _____ (specify)	☐ Employment Agency ☐ Walk-In ☐ Other

PERSONAL

Name	Last	First	Middle	Social Security Number
Address		Street	City	State Zip Code
Telephone ()		Cell phone ()		

OTHER EMPLOYMENT-RELATED INFORMATION

Check the following options which you would consider: ☐ Full-time ☐ Part-Time ☐ Temporary	List any relatives working for this organization: <table style="width: 100%;"> <tr> <th style="width: 60%;">Name</th> <th style="width: 40%;">Department</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Name	Department						
Name	Department								
If Minor, Age _____									
If you are under 18 years of age, can you provide proof of your eligibility to work? ☐ Yes ☐ No									
Can you, after employment, submit verification of your legal right to work in the U.S.? ☐ Yes ☐ No									
For purposes of this section, the term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor. If you answer "yes" to any of the following questions, you must provide detail below: Have you ever been convicted of a felony?: _____ Have you ever been convicted of a serious misdemeanor?: _____ Note: Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness, and recency of the convictions in making our decision.									
If you smoke, are you willing to adhere to the County's restricted smoking policy? ☐ Yes ☐ No									
Have you ever been discharged or asked to resign from employment? ☐ Yes ☐ No									
If yes, explain _____									

EMPLOYMENT EXPERIENCE

List below, in reverse order the positions you have held, starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each assignment in military service. Under "Specific Duties" emphasize your own specific task including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than four (4) periods of employment, fill out blank sheet in the same form as outlined below and attach. **Note:** Resumes will not be accepted in lieu of completion of this part, or any part of this application.

Name of Employer		Type of Business	
Address	City	State	Zip
Telephone ()			
Date Employed From To	Starting Title and Salary		Last Title and Salary
Name and Title of Supervisor	May we Contact ☐ Yes ☐ No	Was employment ☐ Full-time ☐ Part-time	Reason for Leaving
Brief Description of Duties			

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Date Employed From To	Starting Title and Salary		Last Title and Salary
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Brief Description of Duties			

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

If you have used another surname as an adult, please list the name used.

Service Record

Are you a military veteran? ☐ Yes* ☐ No If yes, dates of active duty: From _____ To: _____

*If claiming Veteran's preference, please attach a copy of your DD-214

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

If driving is one of the requirements of the position for which you are applying, please answer the following:

Do you have a valid driver's license in this state? ☐ Yes ☐ No

If Yes, License No. _____

Do you have a valid CDL license or Chauffeur's license? ☐ Yes ☐ No

If Yes, License No. _____

Has your CDL or driver's license ever been suspended or revoked? ☐ Yes ☐ No

Have you had any moving violations during the last five years? ☐ Yes ☐ No

If yes, please list below:

Please read carefully before signing. If you have any questions regarding the following, please ask for assistance.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in refusal to hire or in termination of employment.

I authorize the County to contact my current and former employers as designated in the Employment Experience Section of this application, school officials, persons named as references and all others for the purpose of information, verification and release the same from liability resulting from the information released. I authorize employers, schools, agencies and other persons named on this application to provide any information or transcripts requested.

In the event that I am employed, I understand that I must comply with all county policies and rules of conduct. I understand that as the county deems necessary, I may be required to work overtime hours or hours outside the normally defined work day or week.

I understand and agree that I may be required to take a post-offer physical exam and/or functional capacity assessment at such site as designated by the county, with regards to the essential functions of the position for which I am employed. I understand also that I may be required to take a hearing test, drug screening test and may need to provide OSHA-approved safety clothing for specific positions within county employment.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT BETWEEN THE APPLICANT AND THE COUNTY. I FURTHER UNDERSTAND AND AGREE THAT EMPLOYMENT AND COMPENSATION MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE AT THE WILL OF THE COUNTY WITHOUT LIABILITY TO ME FOR ANY CONTINUATION OF SALARY, WAGES OR EMPLOYMENT-RELATED BENEFITS, EXCEPT AS MAY BE PROVIDED BY RELEVANT COLLECTIVE BARGAINING AGREEMENTS, KEOKUK COUNTY HANDBOOK POLICIES, OR APPLICABLE

I have read, understand, and by my signature, consent to these statements.

Signature: _____

Date: _____

FOR MOTOR VEHICLE OPERATOR APPLICANTS ONLY

The following questions must be answered in order to complete a check of your driving record:

Driver's license Information State: _____ Number: _____

How many years have you driven a commercial vehicle? _____

What is the proper safety procedure for getting into and out of a tractor cab?

What is the proper procedure for lifting boxes?

Have you ever fallen off a truck? ☐ Yes ☐ No If "yes," how many times? _____

Can you lift a load that weighs 75 pounds? ☐ Yes ☐ No

Can you drive 12 hours in a 7-day period? ☐ Yes ☐ No

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates	Approx. Miles
Straight Truck _____	_____	_____	_____
Tractor & Semi _____	_____	_____	_____
Tractor-2 Trailers _____	_____	_____	_____
Tractor-Flatbed _____	_____	_____	_____

State any special course or training that will help you as a driver: _____

Have you received any safe driving awards? ☐ Yes ☐ No If "yes," from whom: _____

If you answer "yes" to any of the following questions, you must provide detail on back:

Have you ever had an automobile accident? ☐ Yes ☐ No

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

Has your motor vehicle license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol? ☐ Yes ☐ No

ACCIDENT RECORD

(List all accidents in the past 10 years whether chargeable or non-chargeable)

	<u>Date</u>	<u>Nature of Accident</u>	<u>Fatality</u>	<u>Injuries</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

TRAFFIC CONVICTION RECORD

(List all traffic convictions and guilty pleas, in the past 10 years, other than parking violations)

	<u>Date</u>	<u>City and State</u>	<u>Charge</u>	<u>Penalty</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____