

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. Only complete applications will be considered.

		App	licar	nt Information				
Full Name:	e:			Date:				
	Last	Firs	t	M.I.				
Address:								
	Street Address				Apartme	nt/Unit i	#	
	City			State	ZIP Code	е		
Phone:				Email				
Date Available: Social Security No.:_			Desired Salary: <u>\$</u>					
Position App	blied for:							
Are you at le	east 18 years of age	YES	NO	Are you a citizen of the United Stat	es?	YES	NO	
May we contact your present or past employer?		YES	NO	If no, are you authorized to work in the U.S.			NO	
Have you e\	ver worked for the County?	YES	NO	Are you related to anyone who work County?	s for the	YES	NO	
If yes, when?				If yes, who and the relationship?				
Are you able, either with or without, reasonable accommodations, to safely perform the essential functions of the job for which you are applying?		YES U	NO D	Do you possess a valid driver's licens (If required for the position?)	se?	YES	NO	
Have you ev	ver been convicted of a felony?	YES	NO					
If yes, expla	in:							
			Milita	ry Service				
Danata				E	T			
Branch:				From:	10:			
Rank at Discharge:			Type of Discharge:					
If other than	honoroble evaluin							

Education						
High Schoo	l:	Address:				
From:	To:		YES	NO		
College:		Address:				
From:	To:	Did you graduate?	YES	NO	Degree:_	
Other:		Address:_				
From:	To:	Did you graduate?	YES	NO	Degree:_	
		Refere	nces			
Please list ti	hree professional refere	ences.				
Full Name:					Relat	tionship:
Company:						Phone:
Address:						
Full Name:					Relat	tionship:
Company:						Phone:
Address:						
Full Name:					Relat	tionship:
Company:						Phone:
Address:						
	A	dditional Skills, Kno	wled	ge, or	Training	
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.						
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	Emplo	yment			
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary:\$			Ending Salary:\$	
Responsibilities:					
From:	To:	Reason f	or Leaving:		
May we contact y	our previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	Ending Salary: <u>\$</u>			
Responsibilities:					
From:	To:	Reason f	or Leaving:		
May we contact y	our previous supervisor for a reference?	YES	NO		
Company:Address:				Phone: Supervisor:	
Job Title:				Ending Salary:\$	
Responsibilities:					
From:	To:	Reason f	or Leaving:		
May we contact y	our 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: