

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:	ıll Name			Date:					
i dii ridiiio.	Last	Firs	t	M.I.					
Addross:									
Address: Street Address			Apartmer	nt/Unit i	#				
	City			State ZIP Code					
	Oity			State Zii Gode					
Phone:				Email					
Date Available: Social Security No.			y No.:	Desired Salary:					
Position App	olied for:								
			NO		YES	NO			
Are you at le	east 18 years of age			Are you a citizen of the United States?					
May we contact your present or past employer?		YES	NO	If no, are you authorized to work in the U.S.?	YES	NO			
				, ,					
		YES	NO		YES	NO			
Have you ever worked for the County?				County?					
If yes, when?				If yes, who and the relationship?					
A									
	e, either with or without, accommodations, to safely								
perform the essential functions of the job for which you are applying?		YES	NO	Do you possess a valid driver's license? (If required for the position?)	YES	NO			
ioi willon yo	a are appring.	YES		(in required for the position)					
Have you ever been convicted of a felony?			NO						
If yes, expla	in:								
Military Service									
Branch:				From: To:					
Rank at Disc	charge:			Type of Discharge:					
If other than honorable, explain:									

Education						
High Schoo	l:	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:_	
		Refere	ences			
Please list t	hree professional refere	ences.				
Full Name:					Relat	ionship:
Company:						Phone:
Address:						
Full Name:					Relat	ionship:
Company:						Phone:
Address:						
Full Name:					Relat	ionship:
Company:						Phone:
Address:						
	Ac	dditional Skills, Kno	owled	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.						

	Emplo	yment				
Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting Salary:\$			Ending Salary:\$		
Responsibilities:						
From:	To:	Reason fo	or Leaving:			
May we contact y	your previous supervisor for a reference?	YES	NO			
- Way we contact y	your provides supervisor for a foreignes.					
Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting S	Ending Salary: <u>\$</u>				
Responsibilities:						
From:	To:	Reason fo	or Leaving:			
May we contact y	your previous supervisor for a reference?	YES	NO			
Company:				Phone:		
Address:				Supervisor:		
Job Title:	Starting Salary:			Ending Salary:\$		
Responsibilities:						
·						
From:	To:	Reason fo	or Leaving:			
May we contact y	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	
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