## **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	t	M.I.					
Address:									
	Street Address			Apartment/Unit #					
	City			State ZIP Code					
Phone:				Email					
Date Available: Social Security No.:_			/ No.:	Desired Salary:					
Position App	olied for:								
Are you at least 18 years of age?		YES	NO	Can contact your present or past employers?					
Are you a citizen of the United States?		YES	NO	$\begin{array}{ccc} & & \text{YES} & \text{NO} \\ \text{If no, are you authorized to work in the U.S.?} & & & & \\ \hline \end{array}$					
Are you related to anyone who works for the County?		YES	NO	If yes, who and relationship?					
Have you ever worked for this company?		YES	NO	If yes, when?					
Are you able, either with or without reasonable accommodations, to safely perform the essential functions of the job for which you are applying?			NO	Do you possess a valid lowa driver's license? YES NO (If required for position)					
Have you ever been convicted of a felony?			NO						
If yes, expla	iin:								
Military Service									
Branch:				From: To:					
Rank at Discharge:				Type of Discharge:					
Please attac	ch Proof of Service (DID 214) t	o this app	licatio	on form.					

Education								
Address:								
YES Did you graduate?	NO	Diploma:						
Address:								
YES Did you graduate?	NO	Degree:						
Address:								
YES Did you graduate?	NO	Degree:						
References								
ferences.								
		Relationship:						
		Phone:						
		Relationship:						
		Fnone						
w and on additional blank sheets, if	neces		aining, skills or					
	Address:    Did you graduate?	Address:    Did you graduate?	Address:    Did you graduate?   YES NO   Diploma:   Address:   Did you graduate?   Pegree:   Degree:   Pegree:   Peg					

Previous Employment							
Company:		Phone:					
Address:		Supervisor:					
Job Title:	Starting Salary:	Ending Salary:					
Responsibili	ities:						
From:	To: Reason for Leaving:_						
May we con	tact your previous supervisor for a reference? ☐ ☐						
Company:		Phone:					
Address:		Supervisor:					
Job Title:	Starting Salary:	Ending Salary:					
Responsibili	ities:						
From:	To: Reason for Leaving:_						
May we con	tact your previous supervisor for a reference? ☐ ☐						
Company:		Phone:					
Address:		Supervisor:					
Job Title:	Starting Salary:	Ending Salary:					
Responsibili	ities:						
From:	To: Reason for Leaving:_	_					
May we con	tact your previous supervisor for a reference? ☐ ☐						
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.							
	epted for employment, I understand and agree that such employmen hay be terminated at any time, with or without cause, by me or the C						
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:					