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 Availab | ole: Social | Security | / No.:_ | Desired Salary: | | | | | |
| Position App | olied for: | | | | | | | | |
| | east 18 years of age? | YES | NO | YES NO Can contact your present or past employers? | | | | | |
| Are you a cit | izen of the United States? | YES | NO | YES NO If no, are you authorized to work in the U.S.? $\ \square$ | | | | | |
| Are you related to anyone who works for the County? | | YES | NO | If yes, who and relationship? | | | | | |
| Have you ev | er 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, explain: | | | | | | | | | |
| Military Service | | | | | | | | | |
| Branch: | | | | | | | | | |
| Rank at Discharge: | | | Type of Discharge: | | | | | | |

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

| Education | | | | | | | |
|---|--------------|------------------|---------------------|---------|-----|---------------|--|
| High Sch | ool: | | 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 lis | st three pro | fessional refere | nces. | | | | |
| Full Name | e: | | | | | Relationship: | |
| Company | <i>/</i> : | | | | | Phone: | |
| Address: | | | | | | | |
| Full Name | e: | | | | | Relationship: | |
| Company | /: | | | | | D. | |
| Address: | | | | | | | |
| Full Name | e: | | | | | Relationship: | |
| Company | <i>/</i> : | | | | | Phone: | |
| Address: | | | | | | | |
| | | | Addition | al Skil | lls | | |
| 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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| Previous Employment | | | | | | | |
|--|--|---------------------|------------------|--|--|--|--|
| Company: | | | Phone: | | | | |
| Address: | | | Supervisor: | | | | |
| Job Title: | Starting Sala | Starting Salary:\$ | | | | | |
| Responsibili | ties: | | | | | | |
| From: | To: F | Reason for Leaving: | | | | | |
| May we con | tact your previous supervisor for a reference? | YES NO | | | | | |
| Company: | | | Phone: | | | | |
| Address: | | | | | | | |
| Job Title: | Starting Sal | ary: \$ | Ending Salary:\$ | | | | |
| Responsibili | ties: | _ | | | | | |
| From: | To: F | Reason for Leaving: | | | | | |
| | tact your previous supervisor for a reference? | YES NO | | | | | |
| Company: | | | Phone: | | | | |
| Address: | | | Supervisor: | | | | |
| Job Title: | Starting Sala | ary: \$ | Ending Salary: | | | | |
| Responsibili | ties: | | | | | | |
| From: | To: F | Reason for Leaving: | | | | | |
| May we con | tact 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: | | | | |