

Clayton County Conservation

29862 Osborne Rd Elkader IA 52043 563-245-1516 cccb@claytoncountya.gov

APPLICATION FOR EMPLOYMENT

please print or type clearly

It is the policy of Clayton County, in accordance with Iowa Code §729.4, to provide equal access to programs, services, and employment. We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in the decision process.

PERSONAL

Department/Position(s) applied for _____ Date of Application ____/____/____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

Telephone (____) _____ Email _____@_____

If you are under 18 years of age, can you provide proof of your eligibility to work? _____ Yes No

Have you ever been employed here before? (position) _____ Yes No

Are you legally authorized to work in the U.S.? _____ Yes No

Date available to begin work ____/____/____

Employment desired Full-Time Part-Time Temporary Seasonal Internship

Have you been convicted of a crime (not including traffic) or been under the jurisdiction of a court in the last seven (7) years? Yes No If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number, if driving is an essential job function _____ State _____

Veteran's Preference

Are you a U.S. Veteran? Yes [If Yes, Provide (DD214)] No

EDUCATION

NAME AND LOCATION	YEARS COMPLETED	Diploma or Degree Earned?	MAJOR COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

SKILLS & QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

PERSONAL REFERENCES

(Not former employers or relatives)

Name _____ Telephone _____ Relation _____

Name _____ Telephone _____ Relation _____

Name _____ Telephone _____ Relation _____

PRESENT AND PAST EMPLOYMENT

Provide the following information of your past four (3) employers, assignments, or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY \$ PER	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY \$ PER	
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REASON FOR LEAVING		HOURLY RATE / SALARY \$ PER	

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge the employers service whenever it is discovered.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand it is the employer's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the Americans with Disabilities Act.

If I am hired, I understand that I may resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

I understand that post offer pre-employment drug and alcohol testing will be required, and that a positive test result will terminate any job offer. I also understand that post offer pre-employment physical will be required to determine my ability to perform the essential job functions of this position.

I authorize the employer to conduct a driving record check if driving will be required in my position with the employer, and will complete a criminal check regarding my background and further authorize all governmental agencies, departments, bureaus or related entities to release any and all information regarding my driving record and criminal history, if any, and also agree to prepare and sign any other form necessary to complete a criminal background check. I understand that a conviction is not an automatic bar to employment, but that the employer will consider the seriousness and nature of the crime, the date of the conviction, and the extent of any rehabilitation.

This application is current for only 100 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

FOR OFFICE USE ONLY

Date of Application _____ Date of Interview _____ Interviewer _____
 Date of Offer _____ Position Offered _____ Date of Physical _____
 Start Date _____ Starting Wage _____ Supervisors Signature _____