FREMONT COUNTY APPLICATION FOR EMPLOYMENT

"FREMONT COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER"

Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on the application is intended to secure information to be used for such discrimination.

THIS IS A FILLABLE FORM. PLEASE TYPE IN THE INFORMATION TO FIT THE SPACES.

CENEDAL INFORMATION

GENERAL INFORMATION			
Date:			
Position(s) Applied For:			
Name			
Address			
Home Telephone			
Cell Phone			
E-mail address			
Have you ever filed an application at Fremont County before? If yes, give the date Have you ever been employed at Fremont County previously? Yes \(\subseteq \text{No} \)			
If yes, give date & department			
Are you currently employed? Yes No If yes, may we contact your current employer? Yes No			
In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Applicants are subject to background checks.			
Employment desired: □Full-time □Part-Time □Temporary			
When are you available for work?			
Can you travel if a job requires it?			
Have you ever been convicted of a felony?			
Are you a veteran of the United States military service?			
If yes, did you receive an honorable discharge?			

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS	MAJOR or DEGREE	CHECK IF GRADUATED
High School					
College					
Graduate School					
Bus. Or Trade School					
Professional School					

sional					
СОМРИТЕ	R SKILLS (Only for positions	s which require comp	outer skills)	
Check off those computers skills with which you are proficient (any version).					
☐ PC Users ☐ Macintosh User ☐ Windows ☐ Microsoft Word ☐ Microsoft Access					
☐ Microsoft Excel ☐ Microsoft Publisher ☐ Web Page Design/Maint. ☐ E-mail ☐ Internet					
Other. Ple	ease list				
DRIVER'S		which require driving))		
Driver's License # State of issue					
☐ Operator	Commercial (CDL)				•
Expiration Date	te				
Have you had	any accidents during the past three ye	ears? Yes I	No How	many?	
Have you had	any moving violations during the past	three years?	′es □ No	How many?	
Please list ot	PECIAL SKILLS ther special skills you may have, e nips, or job related military training		languages	s, licenses, specialized	d training,

WORK EXPERIENCE

Please list your work experience beginning with your <u>most recent</u> job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

Employer:		
Address:		
Job Title:	Supervisor:	
Dates of Employment :	Rate of Pay:	
From: To:	Starting: Ending:	
Work Performed:	Litaling.	
Reason for Leaving:		
Employer:		
Z.iipioyo.i		
Address:		
Job Title:	Supervisor:	
Dates of Employment :	Date of Days	
From:	Rate of Pay: Starting:	
To:	Ending:	
Work Performed:		
Reason for Leaving:		
Employer:		
Address:		
Job Title:	Supervisor:	
Dates of Employment :	Rate of Pay:	
From:	Starting:	
	Ending:	
Work i enormed.		
December Leaving		
Reason for Leaving:		
		
To: Work Performed: Reason for Leaving:	Ending:	

Defense			
References Please list two references other than relatives or previou	is employers		
rease list two references office than relatives of previous	as employers.		
Name	Name		
Position	Position		
Company	Company		
Address	Address		
Telephone	Telephone		
In reference to Iowa Code 22.7, your application is cons In order for your application to <u>not</u> be considered a	public record, check the box and sign next to it.		
Signature of applicant	Date Signed		
Check the box and sign below to give Fremont County the	e authority to contact any previous employers.		
Signature of applicant	Date Signed		
WAIVERS AND DE Please read each section of AT-WILL EMF	arefully and sign below.		
It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.			
CERTIFICATION OF TRU	JTH AND ACCURACY		
I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.			
Signature of Applicant	Date Signed		

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Thank you for applying to Fremont County