

DICKINSON COUNTY

APPLICATION FOR EMPLOYMENT



1802 Hill Avenue
 Spirit Lake, IA 51360
 712-336-3356 Fax 712-336-2677
 www.co.dickinson.ia.us

			Application Date	
Last Name		First	Middle	
Social Security Number				
Street Address/Apt. Number		City	State	Zip
Home Phone ()		Alternate Phone ()		
Email Address		Have you previously worked under another name(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, - Name(s)		
If any member of your family is currently employed by Dickinson County, give name, relationship and where employed.			Have you previously applied at or been employed by Dickinson County? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where, when?	
Type of employment? (Check only those that you will accept) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer			If the job requires working weekends and nights would you be willing to accept it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Title:				
Check County work location where you will accept employment: <input type="checkbox"/> Any/All <input type="checkbox"/> Spirit Lake <input type="checkbox"/> Milford <input type="checkbox"/> Terril <input type="checkbox"/> Lake Park				
When will you be available for employment?			Starting salary expected?	

EDUCATION

Have you graduated from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		Name and Location of High School/GED		
Name & Location of Schools Attended <i>Beyond</i> High School		Course Study Degree: Major Field	Graduated Yes/No	Date

Skills Information: (check all that apply)

Computer Data Entry _____ kph Typing _____ wpm 10 Key

Please list experience, skills, and qualifications which may relate to the job for which you are applying. Include computer software and hardware knowledge and office machines operated.

MILITARY SERVICE

Dates of Service	Branch	Final Rank
List kind of work performed and training received while in the Military.		

PROFESSIONAL LICENSES AND/OR CERTIFICATES

Type	License/Cert. Number	State Issued	Expiration Date

**AN AFFIRMATIVE ACTION EMPLOYER
 FOR EQUAL EMPLOYMENT OPPORTUNITY**

EMPLOYMENT

Give a complete record of all employment for the past ten years and reasons for periods unemployed. Include both paid and volunteer work, military service, etc. Start with present or most recent employer. This section must be completed fully even if you submit a resume.

May we contact your present employer for references? Yes No If no, please explain.

1.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
2.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
3.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
4.	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

ADDITIONAL REFERENCES

Give name(s) of person(s) familiar with your current abilities who we may contact for a reference. Please do not list relatives.

1.	Name	Relationship to Applicant	Organization
	Telephone Home Work	Address	
2.	Name	Relationship to Applicant	Organization
	Telephone Home Work	Address	

Have you been discharged from a job? Yes No
 If yes, list employer, dates, reason and explanation-

Have you been convicted of a crime within the last 10 years, or do you currently have a charge pending for any felony, misdemeanor or other criminal offense excluding minor traffic violations? Yes No If yes, explain and give dates.

ABUSE REGISTRY AND CRIMINAL HISTORY WAIVER

I hereby give permission for Dickinson County, Iowa to conduct a child and/or dependent adult abuse check and an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released and I understand that it will be used by the requestor only for licensing / employment or volunteer purposes.

Signature

Date

CITIZENSHIP	Within three days after employment, you will be required by IRCA guidelines to prove your citizenship or eligibility as an alien.
Are you a United States citizen or do you have papers from the United States Government permitting you to work?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be hired; or if hired, I may be discharged.

I authorize the employer to investigate all statements contained in this application for employment to include criminal, child and/or dependent adult abuse information as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

I authorize my prior employers, references, and others with information regarding my work, education history or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by Dickinson County.

I also understand that if I am offered employment, the offer is conditioned upon receipt of satisfactory employment references, acceptable criminal/abuse background information, and favorable health evaluation, which includes a physical examination.

Applicant

Date

It is the policy of Dickinson County, an Equal Opportunity and Affirmative Action Employer, that all persons employed will be treated without regard to race, color, religion, qualified disability, sex, age or national origin, except where these categories are a bonafide occupation qualification.

The Human Resources Department of Dickinson County is the designated coordinator of our programs and procedures for implementation of this policy.

FOR OFFICE USE ONLY			
Date of Hire:	Department:	Position:	Rate:

