

# CEDAR COUNTY

**Please return to:**

Cedar County  
400 Cedar Street  
Tipton, IA 52772

## Application for Employment

Cedar County is an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital status, veteran status, creed, sexual orientation, gender identity, medical condition, or disability.

Date: \_\_\_\_\_ Position Applied For \_\_\_\_\_

Last Name	First Name	M.I.	Phone
Address	City	State	Zip

On what basis are you available for employment?  Full-time  Part-time

How did you learn about this position? \_\_\_\_\_  
(Newspaper, radio, personnel announcement, walk-in etc.)

Date available for work: \_\_\_\_\_ Desired Salary Range: \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No

Have you ever been employed with us before?  Yes  No

If yes, in what capacity? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Are you legally eligible to be employed in the US?  Yes  No  
(Proof of identity and eligibility will be required upon employment)

Are you Veteran of U.S. Armed Forces?  Yes  No  
(Those wishing to claim Veteran's preference must submit proof of service Form DD214 with application.)

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Can you travel if the job requires it?  Yes  No

Do you have a valid Driver's License?  Yes  No CDL?  Yes  No

If you ever been convicted of a crime other than a minor traffic violation please explain: \_\_\_\_\_

(A yes answer does not automatically disqualify you from employment.)

# Education/Training

	Name & Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other(Specify)				

Have you received any additional training-workshops, short courses, volunteer work? Explain:

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Do you have any other experience or qualifications not listed which relates to the job applied for? List any office equipment, machines, or computer software you can operate.

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Please indicate in the space below and on additional blank sheets if necessary, such experience, training, skills or ability that you believe will qualify you for the position for which is applied.

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# Employment History

Start with your present or most recent job. Please provide a minimum of 10 years employment history.

Employer	Dates Employed		Job Title and Work Performed
Address	May we contact for a reference check? <input type="checkbox"/> yes <input type="checkbox"/> no		
City/State/Zip	Supervisor's Name		
Phone Number	Ending Wage	# employees supervised	
Fax Number			
Reason for Leaving			

Employer	Dates Employed		Job Title and Work Performed
Address	May we contact for a reference check? <input type="checkbox"/> yes <input type="checkbox"/> no		
City/State/Zip	Supervisor's Name		
Phone Number	Ending Wage	# employees supervised	
Fax Number			
Reason for Leaving			

Employer	Dates Employed		Job Title and Work Performed
Address	May we contact for a reference check? <input type="checkbox"/> yes <input type="checkbox"/> no		
City/State/Zip	Supervisor's Name		
Phone Number	Ending Wage	# employees supervised	
Fax Number			
Reason for Leaving			

Please continue on separate sheet of paper if you need additional space.

## References

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes  No

(Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.)

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize Cedar County to conduct or participate in any investigation of my personal background, work history and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request that my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session as to protect my reputation.

\_\_\_\_\_  
Signature of Applicant

If you do not sign this acknowledgement/request your application may become a public record and consideration of your application may be done in open session.

## Release and Authorization

I hereby authorize Cedar County to obtain any driving records pertaining to me for the purpose of consideration with respect to my application for employment for Cedar County.

Print Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Type of Drivers License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(Mandatory for Law Enforcement Applicants ONLY. Information used to conduct criminal history investigation.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION**