

Employment Application

Please return to:
Human Resources Dept. - Rm. 701 • Woodbury County Court House
620 Douglas Street • Sioux City, IA 51101
Phone: 712-279-6480

Let us know if you do not understand an item or need help in completing this form.

The position I am applying for is: _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Street _____ City _____ State _____ ZIP Code _____

Telephone _____ Social Security Number _____

Please list an additional phone number where we can leave a message:

Name _____ Relationship _____ Number _____

How did you learn about the employment opportunity?

Newspaper _____ Job Service _____ Employment Agency _____ Friend _____

Walk-in _____ Education Institution _____ County Employee _____ Other _____

Please be sure to answer all items completely and accurately.

Please check the type of work that you would accept:

Full time _____ Part time _____ Summer _____ Temporary _____

Shift Preferred: Day _____ Evening _____ Night _____

What date would you be available for work? _____

Have you ever filed an application with us before? No _____ Yes _____ Year/Month _____

Have you ever been employed with us before? No _____ Yes _____

If yes, in what capacity? _____ From _____ To _____

Reason for leaving? _____

What is the minimum salary that you would accept? _____

Do have any relatives currently employed by the County? No _____ Yes _____

If yes, state the name, relationship and department in which they are employed.

Are you a veteran of the U.S. Armed Forces? No _____ Yes _____

Dates of military service: _____ to _____ Branch _____

Have you ever served in a war. If so, please list dates, and where.

Have you ever been convicted of a felony? _____ If so, please indicate the nature of the offense, date, state, and disposition. A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying.

Woodbury County is an equal opportunity employer. Qualified applicants are eligible to compete for positions without regard to race, color, national origin, sex, creed, religion, age, disability or sexual orientation.

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4 5	1 2 3 4
Diploma/Degree			
Course of Study			

Describe any specialized training, apprenticeship, skills and extra-curricular activities _____

State any information you feel may be helpful to us in considering your application _____

List professional, trade, business or civic activities and offices held. PLEASE EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY OR OTHER PROTECTED STATUS.

What office machines and equipment can you operate?

Summarize special job-related skills and qualifications acquired from employment or other experience. Include typing, short-hand, dictation speeds if applicable.

References

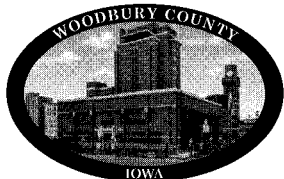
Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
 Name Address Phone
2. _____
 Name Address Phone
3. _____
 Name Address Phone

Employment Experience (Start with your present or last job)

1. Employer	Dates employed From / To	Worked Performed
Address		
Telephone Number	Hourly Rate/Salary Starting / Final	
Job Title		
Supervisor		Reason for leaving
May we contact the employer listed above? Yes No		
2. Employer	Dates employed From / To	Worked Performed
Address		
Telephone Number	Hourly Rate/Salary Starting / Final	
Job Title		
Supervisor		Reason for leaving
May we contact the employer listed above? Yes No		
3. Employer	Dates employed From / To	Worked Performed
Address		
Telephone Number	Hourly Rate/Salary Starting / Final	
Job Title		
Supervisor		Reason for leaving
May we contact the employer listed above? Yes No		
4. Employer	Dates employed From / To	Worked Performed
Address		
Telephone Number	Hourly Rate/Salary Starting / Final	
Job Title		
Supervisor		Reason for leaving
May we contact the employer listed above? Yes No		

If you indicated that any employer listed should not be contacted please list the reason here.



Applicant's Survey

(for statistical use only)

The following requested information in no way effects you as an individual applicant. The form will be separated from the application upon receipt. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population, validation of our selection methods and for the purpose of Equal Employment Opportunity reporting. Please give us your cooperation by completing this questionnaire.

Last Name	First	Middle
Address		
City	State	Zip Code
Telephone	Date of Birth	Social Security Number
Position Applied for		Date

Please circle one answer for questions A through F.

A. What sex are you?

- 0. Male
- 1. Female

B. What is your age?

- 0. 19 or less
- 1. 20-29 years
- 2. 30-39 years
- 3. 40-49 years
- 4. 50-59 years
- 5. 60-69 years
- 6. 70 years or over

Birthdate _____ / _____ / _____
Mo Day Yr

C. What is the highest level of education you have reached?

- 0. 0-8 years
- 1. 9-12 years but not a graduate
- 2. High school graduate or GED equivalent
- 3. Post high school training/college
- 4. B.A. or B.S. or similar degree
- 5. M.A. or similar degree
- 6. Ph.D., J.D. or similar degree

D. Are you a veteran of U.S. Military service?

- 0. No
- 1. Yes

E. Of which racial/ethnic group do you consider yourself a member?

- 0. White
- 1. Black
- 2. Oriental
- 3. American Indian
- 4. Hispanic
- 5. Asian or Pacific Islander
- 6. Alaskan Native
- 7. Other _____

F. Do you have a disability?

- 0. No
- 1. Yes, Blind
- 2. Yes, Deaf
- 3. Yes, Cardiac
- 4. Yes, Epilepsy
- 5. Yes, Diabetes
- 6. Yes, Paralysis
- 7. Yes, Other _____

Applicant's Statement

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States and that I must show the employer documents that will prove this, if I am offered employment.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements made in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading statements given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at County cost.

I understand this application is only for the position I listed on the front of the application. If I would like to apply for another position, I must submit another employment application with any required written information.

If selected for employment, I understand that a pre-employment drug screen test, pre-employment physical and background check are required for employment and that I must pass these pre-employment tests to be employed by Woodbury County.

Date

Signature of Applicant

Woodbury County seeks to employ individuals who have demonstrated in their job and life experiences a meaningful understanding and respect for Professionalism, Responsiveness, Involvement, Dedication, and Excellence. We have combined these qualities to reflect our definition and commitment to the service we provide our citizens as PRIDE.

Individuals in need of special accommodation are asked to notify our office in advance.