Muscatine County Employment Application

Muscatine County Conservation Board 3300 Cedar Street, PO Box 109 Muscatine, Iowa 52761 (563) 264-5922

It is the policy of Muscatine County not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry, religion, age, political affiliation, or disability. Muscatine County is an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, and recognizes the requirements of THE AMERICANS WITH DISABILITIES ACT.

Muscatine County requires a separate application for each available position.

	grounds for disqualification, discipline, or termination. Name (Last, First, Middle)	Social Security Number
	Number and Street, R.F.D., or P.O Box Number	Home Phone
(rii st)	City, State and Zip Code	Additional Phone Contact
	Date Available for employment	
	Are you 18 years or older? □ Yes □ No	
	Check the type of work you would be seeking:	
	☐ Full-Time Regular ☐ Full-Time Temporary ☐ Summer	□ Part-Time Regular
	If you have relatives presently employed by Muscatine County	
ì	List Name: Department:	
	Relationship to you:	
	Are you a veteran of the United States Military Service?	□ No
	Are you claiming Veteran's Preference in employment? — Yes (If yes, copy of military form DD-214 must be included with application)	□ No
<u>}</u>	Date of Duty: From To Type of Discharge Mo. Day Yr. Type of Discharge	
Applicants name	Have you ever been convicted for an offense other than a traffic violation?	□ Yes □ No

To properly evaluate your application, we need information concerning your education, skills and trades you have acquired in addition to your work record. Please answer all questions as completely as possible.

EDUCATION

ED C CHITION				
Are you a high school graduate or equivalent?	□ Yes □No I	f not, last grade comp	oleted:	
Names of educational institutions attended	Location	Degree/Major	Year Graduated	
TRAINING and SPECIAL SKILLS		1		
List any special training (vocational school, sho etc.), that you have completed and show dates o		eminars, business scl	hools, workshops,	
List any special skills you may have in the oper- you are able to operate in a competent manner.	ation of machinery,	equipment, office m	achines, etc., which	
If job description requires a Chauffeur's Permit or Coobtain such a permit?		icense, do you have or	would you be able to	
REFERENCES				
List three (3) individuals who know you well enough special skills/abilities for the job you are applying for	r. Do not include rela	tives or former supervis		
Name	How Acquainted			
Address				
	Length of Acqua	intance		
Tel. Contact No.				
Name	How Acquainted			
Address				
	Length of Acquai	intance		
	Tel. Contact No.			
Name	How Acquainted			
Address				
	Length of Acqua	intance		

Tel. Contact No.

EMPLOYMENT HISTORY

Start with your present or last position and list all previous employment. Include paid and unpaid, full or part-time, military, summer jobs, periods of unemployment, etc.

All information must be included in order for your application to be given full consideration. Resumes may substitute for the description of duties and responsibilities.

If you are currently employed, may we check with your present supervisor?

Yes

No

Name of last employer			Supervisor's name, title, phone number				
Address of last employer		Type of Business		Starting Date	Ending Date		
Your Job Title Reason		for Leaving		Starting Salary	Ending Salary		
Full-time Part-time Hours p		per week Desc		ription of duties and responsibilities			
Name of last employer		Supervisor's name, title, phone number			er		
Address of last employer		Type of Business		Starting Date	Ending Date		
Your Job Title Reason f		for Leaving		Starting Salary	Ending Salary		
Full-time Part-time Hours p		per week Desc		cription of duties and responsibilities			
Name of last employer		Supervisor's na			name, title, phone number		
Address of last employer		Type of Business		Starting Date	Ending Date		
Your Job Title	Reason for Leaving			Starting Salary	Ending Salary		
Full-time Part-time	Hours per week			Description of duties and responsibilities			

PLEASE READ BEFORE SIGNING

I hereby certify that the answers given by me to the questions on this application and statements made are true and correct without omissions of any kind. I understand that employment with Muscatine County is contingent upon the results of a physical examination which will be given after a job offer is made. I also authorize the officials of any educational institution, company, agency, or firm to release any and all information allowed by law and which concerns me relating to my person or work history to Muscatine County for the purpose of reference and/or background investigation. I am actively seeking employment and am signing this voluntarily and release any individual, partnership, corporation, or agency, their officers, agents, and employees from any liability for issuing such information. A photostatic copy of this authorization is considered valid for the purposes named above.

* 1	orporation, or agency, their officers, agents, and employees from any liability for issues ostatic copy of this authorization is considered valid for the purposes named above.	
Signature of Applicant:	Date:	
-		

Name of last employer			Supervisor's name, title, phone number				
Address of last employer Type			e of business		Starting Date	Ending Date	
Your Job Title	Job Title Reason for Leavi		ring		Starting Salary	Ending Salary	
Full-Time Part-Time	Full-Time Part-Time Hours per week		er week Desc		ription of duties and responsibilities		
Name of last employer			Supervisor's name, title, phone number				
Address of last employer	Address of last employer Type of		of business		Starting Date	Ending Date	
Your Job Title	Reason for Leavin				Starting Salary	Ending Salary	
Full-Time Part-Time	Hours p	per week		Desc	cription of duties and responsibilities		
Name of last employer			Supervisor's nar		ame, title, phone number		
Address of last employer	Address of last employer Type o		e of business		Starting Date	Ending Date	
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Full-Time Part-Time	Hours per week		Desci		ription of duties and responsibilities		
Name of last employer			Supervisor's name, title, phone number				
Address of last employer	Type of		e of business		Starting Date	Ending Date	
Your Job Title	Reason for Leavi		ving		Starting Salary	Ending Salary	
Full-Time Part-Time	Hours per week			Description of duties and responsibilities		esponsibilities	
Name of last employer			Supervisor's name, title, phone number				
Address of last employer	Type of		of business		Starting Date	Ending Date	
Your Job Title	Reason	for Leavi	ving		Starting Salary	Ending Salary	
Full-Time □ Part-Time □	Hours p	per week		Desc	ription of duties and re	esponsibilities	

TO ALL APPLICANTS: Muscatine County has an Equal Employment Affirmative Action Program in effect. Qualified applicants are considered in the hiring process without regard to race, creed, color, religion, sex, age, national origin, marital status or disability.

To help us comply with governmental record keeping, we are asking you to complete this Applicant Data Record. This form is retained in the Human Resources Department and is not reviewed with the application by the hiring department. It is retained in a confidential file while your employment is under consideration.

Muscatine County has, and will continue to make, a reasonable commitment toward achieving the spirit and intent of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, which prohibit discrimination against the handicapped/disabled.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

A.	Sex () MALE () FEMALE					
B.	What is your age?					
C.	Of which ethnic/racial group do you consider yourself a member? () White () African-American () Asian/Pacific Islander () Hispanic () Native American () Other					
D.	Are you a disabled applicant? () Yes () No					
E.	Muscatine County encourages applications from qualified disabled persons and requests applicant submission of any information necessary in order to accommodate such applicant in any testing, interview or employment procedure. Please note your request here:					
F.	How did you learn about the job for which you are applying? () Muscatine County Job Posting Board () Job Service of Iowa () County Employee () Newspaper [Name] () Other Source [Name]					
	() Other source [Name]					
Name	(Please Print Name Here)					
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