

# SIoux COUNTY

## Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applied for			
Are you authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for Sioux County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

If related to anyone in our employ, state name

Do you have a valid Class A Commercial Drivers License?    Yes     No     License Number

List professional, trade, business or civic activities or offices.

Describe any specialized training, apprenticeship or skills.

List any additional items you feel are relevant to your qualifications for this position.

PREVIOUS EMPLOYMENT			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

VETERAN STATUS - PER IOWA CODE CHAPTER 35C
Are you an honorably discharged Veteran    Yes <input type="checkbox"/> No <input type="checkbox"/>
Veteran status is service from Korean Conflict - June 25, 1950 to January 31, 1955; Vietnam Conflict - August 5, 1964 to May 7, 1975; Persian Gulf Conflict - August 2, 1990 to Present; or current conflicts in Iraq and Afghanistan.
If the answered yes, please answer the following: <ul style="list-style-type: none"> <li>a. In which war did you serve?</li> <li>b. In which branch of the military did you serve?</li> <li>c. When did you enter the military? (Month, day, year):</li> <li>d. When were you discharged from the military? (Month, day, year):</li> <li>e. Please attach a copy of your honorable discharge to this job application.</li> </ul>

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

Signature

Date