



DALLAS COUNTY APPLICATION FOR EMPLOYMENT

Human Resources Department
801 Court Street
Adel, Iowa 50003

Dallas County is an equal opportunity employer. We consider applications without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status. The County also complies with applicable veteran's preference requirements.

POSITION OBJECTIVE

Position applying for _____ Full-time Part-time Temporary

Date available to start: _____ Salary range desired: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number(s) _____ Soc.Sec. # (optional) _____

Are you at least 18 years of age? Yes No

Are you eligible to work in the United States? (*Proof of citizenship or immigration status will be required upon employment*) Yes No

Are you related to anyone who works for the County? Yes No

If yes, please provide names(s) and relationship(s): _____

Have you ever worked for Dallas County? Yes No

If yes, when? _____ Title? _____ Department? _____

Have you ever applied for Dallas County? Yes No

If yes, when? _____ For what position? _____

Have you ever been convicted of misdemeanor or felony? (For purposes of this question, "convicted" includes found guilty, plead guilty, plead no contest, or been given a deferred sentence or judgment.) Yes No

If yes, please explain: _____

(Note: A conviction may not automatically disqualify an applicant for a particular job. The type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.)

Can you with or without reasonable accommodation perform the essential functions of this job? (*If you have any questions about the functions of the job, please ask the interviewer **BEFORE** answering this question.*)

Yes No

MILITARY SERVICE - For Veterans' Preference

| Dates of Service (mm/dd/yyyy) | Branch | Final Rank |
|-------------------------------|--------|------------|
| to | | |

Iowa residents who served in the United States Armed Forces during the following periods of conflict and were honorably discharged are eligible to receive veterans preference points: 12/7/41 – 12/31/46, 6/25/50 – 1/31/55, 8/5/64 – 5/7/75, and the Persian Gulf Conflict beginning 8/2/90. **If you believe you are eligible for veterans preference consideration, please include a copy of your DD214 and, if applicable, proof of service connected disability.**

EDUCATION RECORD

| Name | Name and Location of School | Number of Years Completed | Diploma/Degree | Area of Study |
|----------------------------|-----------------------------|---------------------------|----------------|---------------|
| High School/GED | | | | |
| College/University | | | | |
| College/University | | | | |
| Vocational/Technical | | | | |
| Other Specialized Training | | | | |

What skills and/or additional training do you have that may be related to the job for which you are applying?

What machines or equipment can you operate that may be related to the job for which you are applying?

PROFESSIONAL/TECHNICAL REGISTRATIONS, LICENSES, OR CERTIFICATIONS

| Type | License/Cert. Number | State Issued | Expiration Date (mm/dd/yyyy) |
|------|----------------------|--------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

DRIVER'S LICENSE

If required for the position, do you possess a valid driver's license? Yes No

If yes, complete the information below

| Type | License Number | State Issued | Expiration Date |
|-----------------------------------------------------------|----------------|--------------|-----------------|
| Driver's License | | | |
| Chauffer's License | | | |
| Commercial Driver's License (indicate if class A, B or C) | | | |
| CDL Endorsements (specify) | | | |

EMPLOYMENT HISTORY

List all employment, starting with your most recent job. Account for any time period that you were unemployed by stating the nature of your activities. Use a separate sheet of paper if necessary. You may submit a resume to supplement the information you provide below. **However, you must fill out this section completely.**

Present or last employer _____
Address _____ City _____ State _____ Zip _____
Phone: (____) _____ Position Held: _____
Dates of Employment: / / to / /
Starting Salary \$ _____ Ending Salary \$ _____
Specific Duties: _____
Reason for leaving: _____
Immediate Supervisor (Name/Title) _____
May we contact this employer for a reference? Yes No If, no, why not? _____

Present or last employer _____
Address _____ City _____ State _____ Zip _____
Phone: (____) _____ Position Held: _____
Dates of Employment: / / to / /
Starting Salary \$ _____ Ending Salary \$ _____
Specific Duties: _____
Reason for leaving: _____
Immediate Supervisor (Name/Title) _____
May we contact this employer for a reference? Yes No If, no, why not? _____

Present or last employer _____
Address _____ City _____ State _____ Zip _____
Phone: (____) _____ Position Held: _____
Dates of Employment: / / to / /
Starting Salary \$ _____ Ending Salary \$ _____
Specific Duties: _____
Reason for leaving: _____
Immediate Supervisor (Name/Title) _____
May we contact this employer for a reference? Yes No If, no, why not? _____

Present or last employer _____
Address _____ City _____ State _____ Zip _____
Phone: (____) _____ Position Held: _____
Dates of Employment: / / to / /
Starting Salary \$ _____ Ending Salary \$ _____
Specific Duties: _____
Reason for leaving: _____
Immediate Supervisor (Name/Title) _____
May we contact this employer for a reference? Yes No If, no, why not? _____

PROFESSIONAL REFERENCES

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

| | |
|------------------|-----------------------------------|
| Name _____ | Relationship to Applicant _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Phone: () _____ | Organization _____ Position _____ |
| <hr/> | |
| Name _____ | Relationship to Applicant _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Phone: () _____ | Organization _____ Position _____ |
| <hr/> | |
| Name _____ | Relationship to Applicant _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Phone: () _____ | Organization _____ Position _____ |

LAW ENFORCEMENT APPLICANTS ONLY

| |
|--------------------------------------------------------------------------------------------------------|
| Are you a certified Peace Officer in the state of Iowa? _____ |
| Are you a certified Peace Officer in another state? _____ |
| Have you taken a POST Test within the past year? If so, where, when, and what was your score? _____ |

REFERRAL SOURCE

| |
|----------------------------------------------------------------------------------------|
| Please tell us how you learned about an employment opportunity with this organization: |
| <input type="checkbox"/> Dallas County Website |
| <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> Iowa Workforce Development |
| <input type="checkbox"/> Radio Announcement - station: _____ |
| <input type="checkbox"/> Job Announcement – posting location: _____ |
| <input type="checkbox"/> Newspaper Advertisement – name of newspaper: _____ |
| <input type="checkbox"/> Professional Journal – name of journal: _____ |
| <input type="checkbox"/> School/College/University: _____ |
| <input type="checkbox"/> Internet Advertisement – name of website: _____ |
| <input type="checkbox"/> Other (specify): _____ |

Statement of Understanding

I understand:

That completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

That the statements made by me in this application and all related information which I have provided are true and accurate, and complete to the best of my knowledge. I also understand that if I provide false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the County discovers the violation of its policy regarding dishonesty.

That I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the County at the post-offer stage.

That the use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post-offer/pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol or drug screening according to state law.

That if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

That this application will be considered only for the position I am applying for: if I wish to be considered for other positions, I must submit a new application for each position.

That this employment application and any other employee-related documents are not contracts of employment; and that this organization follows an "employment at will" policy that an individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time and for any reason.

That any oral or written statement to the contrary is hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I agree to be responsible for public property and equipment issued to me by the County until returned by me. I agree to pay for property and equipment not returned and authorize the County to withhold an amount equal to value of property not returned by me from my final pay.

Authorization to Release Information

I authorize Dallas County to make a complete investigation of me, including but not limited to, my past employment history, medical history, scholastic record, criminal activity, motor vehicle driving records, workers' compensation history and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, and personal characteristics. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to this organization, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a facsimile or photographic copy shall be as valid as the original.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Name and number of person completing this form if other than applicant:

Name: _____

Date: _____

Phone Number: _____

DALLAS COUNTY – VOLUNTARY APPLICANT SELF- IDENTIFICATION FORM

CONFIDENTIAL DATA FORM

TO BE SEPARATED FROM APPLICATION IMMEDIATELY UPON RECEIPT

Dallas County is an equal employment opportunity/affirmative action employer and does not discriminate against qualified applicants/employees based upon any protective class status including, but not limited to, race, color, creed, religion, sex, national origin, ancestry, age, marital status, veteran status, or disability.

Federal equal employment opportunity laws/regulations require us to compile annual statistical reports on the sex, ethnicity, disability and veteran status of applicants for employment. In order to comply with these recordkeeping/reporting requirements, we are requesting your cooperation in completing this form. The information will be used only for equal employment opportunity/affirmative action record-keeping and reporting purposes.

Submission of this information is voluntary. The information provided will not be used for making any employment decision and it will be filed separately from your employment application and kept confidential in accordance with applicable laws and regulations. Your cooperation is appreciated.

Position you are applying for: _____ Date: _____

Name: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

AFFIRMATIVE ACTION SURVEY:

Check one: Male Female

Check all that apply: Race/Ethnic Group

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific

White

Hispanic or Latino (All races)

Race missing or unknown (Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.)

Check all that apply:

Vietnam Era Veteran

Veteran with a Disability

Person with a Disability - Under the Americans with Disability Act of 1990, an individual is classified as disabled (42 USC § 12102 [2]) if he or she;

- has a physical or mental impairment, and the impairment substantially limits one or more of the individual's major activities in life;
- has a record or history of such an impairment; or
- is perceived as having such an impairment.

To be considered disabled, an individual must have a record of, or be regarded as having, a substantial, as opposed to a minor, impairment. A substantial impairment is one that significantly limits or restricts a major life activity such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning or working

Do you require special testing conditions to accommodate a disability? Yes No

If yes, what accommodation is needed? _____