

# CEDAR COUNTY, IOWA

## APPLICATION FOR EMPLOYMENT

Cedar County provides equal employment opportunities to all applicants for employment and to all employees and does not discriminate on the basis of age, race, creed, color, sex (including pregnancy), sexual orientation, gender identity, national origin, religion, disability or any other legally protected status or characteristic.

Please be advised that because Cedar County is a public entity, it is subject to the requirements of Chapter 22, Code of Iowa, regarding the examination of public records, and this Application may be subject to examination under that statute.

(PLEASE PRINT)

|                         |                     |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

How Did you Learn About Us?

Advertisement

Relative

Inquiry

Employment Agency

Friend

Other

Last Name First Name Middle Name

Address: Number Street City State Zip Code

Home Telephone Number Mobile Telephone Number Other Telephone Number Email Address:

Best time to contact you is: AM PM

Preferred method of contact: (i.e. specific phone number or email)

Yes No If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No Have you ever filed an application with Cedar County before?

If yes, give date and position applied for:

Yes No Have you ever been employed by Cedar County before?

If yes, give date and position held:

Yes No Do any of your friends or relatives work for Cedar County?

If yes, provide name and position or department for each such person:

Yes No Are you currently employed?

Yes No May we contact your present employer?

Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or Immigration status will be required if an offer of employment is made.

Yes No Have you ever been discharged or asked to resign from employment?

Yes No Have you ever been convicted of a crime other than a conviction for a minor traffic violation?

Yes No Has your driver's license ever been suspended or revoked?

IF YOU HAVE ANSWERED "YES" TO ANY OF THE FOREGOING QUESTIONS, PLEASE PROVIDE ALL PARTICULARS ON AN ATTACHED SHEET. A "YES" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION OF YOUR APPLICATION OR FROM EMPLOYMENT.

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: Full-Time (Please Indicate 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> shift)  
 Part-Time (Please Indicate Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available: \_\_\_\_\_ to \_\_\_\_\_)

Yes No Are you currently on "lay-off" status and subject to recall?  
 Yes No Can you travel if a job requires it?

#### VETERANS PREFERENCE

Chapter 35C of the Code of Iowa provides certain rights, including preference in hiring if equally qualified, to certain veterans of United States Military Service. Qualification for these rights is defined in the statute.

Are you a Veteran of United State Military Service? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service and dates of Active Duty: \_\_\_\_\_

Are you a member of the Reserves or National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

Any person who may wish to claim a Veterans Preference must submit a copy of a certified form DD214 by the deadline set for the receipt of applications for the position for which the person is applying.

#### QUALIFICATIONS

Please read the attached position description for the position of \_\_\_\_\_

Do you know of any reason that you would not be able to perform the essential functions of this position, with or without a reasonable accommodation?

Yes No

If you have answered "yes" to this question, you may provide, on a voluntary basis, information which you believe would help to explain your answer (You are not required to provide this information at this time):

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## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

|                     |            |                    |       |                |
|---------------------|------------|--------------------|-------|----------------|
| 1. Employer         |            | Dates Employed     |       | Work Performed |
|                     |            | From               | To    |                |
| Address             |            |                    |       |                |
| Telephone Number(s) |            |                    |       |                |
| Job Title           | Supervisor | Hourly Rate/Salary |       |                |
|                     |            | Starting           | Final |                |
| Reason for Leaving  |            |                    |       |                |
| 2. Employer         |            | Dates Employed     |       | Work Performed |
|                     |            | From               | To    |                |
| Address             |            |                    |       |                |
| Telephone Number(s) |            |                    |       |                |
| Job Title           | Supervisor | Hourly Rate/Salary |       |                |
|                     |            | Starting           | Final |                |
| Reason for Leaving  |            |                    |       |                |
| 3. Employer         |            | Dates Employed     |       | Work Performed |
|                     |            | From               | To    |                |
| Address             |            |                    |       |                |
| Telephone Number(s) |            |                    |       |                |
| Job Title           | Supervisor | Hourly Rate/Salary |       |                |
|                     |            | Starting           | Final |                |
| Reason for Leaving  |            |                    |       |                |
| 4. Employer         |            | Dates Employed     |       | Work Performed |
|                     |            | From               | To    |                |
| Address             |            |                    |       |                |
| Telephone Number(s) |            |                    |       |                |
| Job Title           | Supervisor | Hourly Rate/Salary |       |                |
|                     |            | Starting           | Final |                |
| Reason for Leaving  |            |                    |       |                |

If you need additional space, please continue on a separate sheet of paper.

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

## EDUCATION

High School graduate or equivalent (GED)? Yes No

Number of years of education completed after High School or Equivalent \_\_\_\_\_

| Name and Location of Schools Attended or Vocational Training Obtained Beyond High School | Degree/Certification |
|--|----------------------|
|  |                      |
|  |                      |
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## ADDITIONAL INFORMATION

### OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

### SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

|            |                 | Production/Mobile<br>Machinery (list) | Other (list) |
|------------|-----------------|---------------------------------------|--------------|
| Terminal   | Spreadsheet     |                                       |              |
| PC/MAC     | Word Processing |                                       |              |
| Typewriter | Shorthand       |                                       |              |
| WPM _____  | WPM _____       |                                       |              |

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

### REFERENCES

|                    |             |
|--------------------|-------------|
| 1. Name _____      |             |
| Address _____      | Phone _____ |
| Relationship _____ |             |
| 2. Name _____      |             |
| Address _____      | Phone _____ |
| Relationship _____ |             |
| 3. Name _____      |             |
| Address _____      | Phone _____ |
| Relationship _____ |             |

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigations of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

I authorize Cedar County to conduct a check of the status of my driver's license and my driving record and agree to sign an authorization for this specific purpose.

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 Cedar County 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 Cedar County.

I understand that any offer of employment that is extended to me is considered to be a conditional offer and is subject to successful completion of all required background checks. Identifying information such as my social security number and driver's license number will be requested at the post-offer, pre-employment stage, unless identifying information must be requested earlier in the hiring process for positions such as law enforcement positions.

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 agree to give Cedar County permission to complete appropriate background checks, and agree to sign permission/authorization documents so that this can be accomplished. YES NO

Signature of Applicant

Date

## FOR COUNTY USE ONLY

Arrange Interview? YES NO

Remarks

Interviewer

Date

Employed? YES NO

Date of Employment

Job Title

Hourly Rate/  
Salary

Department

By

Name and Title

Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION CONTAINED IN MOTOR  
VEHICLE/DRIVING RECORD

I hereby give my full and complete authorization and express written consent for the release of personal information contained in my motor vehicle/driving record. This authorization is given in connection with either my application for employment with or my ongoing employment with Cedar County, Iowa. This authorization is being given with the understanding that Cedar County, Iowa, either as a part of my application for employment or my ongoing employment, will obtain and evaluate my personal motor vehicle/driving record as a part of the County's practice to evaluate this information for the purpose of determining insurability and other insurance matters. I further understand that this information will be provided to the Consultant to the Heartland Insurance Risk Pool for the purpose of evaluation.

This authorization is given pursuant to the provisions of 18 United States Code, Section 2721, et. seq. and Section 321.11, Code of Iowa. Copies of these two provisions may be obtained by me upon my request to the Cedar County Insurance Coordinator.

Dates this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Name as it appears on Driver's License

\_\_\_\_\_  
Driver's License Number/State of Issuance

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Insurance Coordinator for Cedar County, Iowa

2/2019

Cedar County is an equal opportunity employer, committed to equity and diversity in its services and employment practices. The County does not discriminate on the basis of sex; race; age; color; creed; national origin; religion; disability; sexual orientation; gender identity; or genetic information in its employment practices. Veteran status is also included to the extent covered by law. Any person alleging a violation of equity regulations shall have the right to file a formal complaint. Inquiries concerning application of this statement should be addressed to: Cedar County Auditor

If any applicant is in need of a reasonable accommodation in completing the application process, please notify the County Auditor.



## **JOB DESCRIPTION**

**POSITION TITLE:**           Dispatcher  
                                  Cedar County Communications Center  
                                  Cedar County Sheriff's Office

The Dispatcher is responsible for maintaining the competent operation of the Communications Center. There are a number of responsibilities involved in this function. While any of the following duty statements are part of this function, a combination of them may be required at the same time.

### **Description of Work:**

1.     Answers radio, telephone, teletype and dispatches police vehicles, fire vehicles and ambulances.
2.     Must act as the link for the officer to all other emergency and county services.
3.     Aids in the investigation of crime and reported crimes.
4.     Keep accurate records and file reports.
5.     Must be able to read maps accurately, and have a working knowledge of the Cedar County area.
6.     Must keep accurate logs of officers' activities and calls or complaints for future reference.
7.     Must be able to type a minimum of 40 wpm.
  
8.     Testify in court, if necessary.
9.     Must be dependable for working assigned shifts, and able to work rotating shifts for 24-hour coverage.
10.    Must be accurate when taking information (ie, obtain correct names and return telephone numbers, correct addresses, and the like).
11.    Must have a genuine interest in helping others and in providing the department with an effective communications system.
12.    Must be able to work well with others.
13.    Must be able to understand callers and take control of the call from difficult callers to obtain necessary information for the officer under conditions of extreme stress.
14.    Must be able to operate the communications console.
15.    Must be able to operate office machines effectively, to include typewriter, copy machine and FAX machine.
16.    Must be willing to travel to attend all necessary classes.
17.    Maintain competent operation of the Communications Center's equipment.
18.    Provide information and assistance to persons calling the police.
19.    Act as the link for the officer to all other emergency and county services.

### **Qualifications:**

1. **General (Dependability and Initiative)**  
Must be able to work rotating type shifts for 24-hour coverage.  
Dependability for working assigned shifts.
2. **Personal (Attitude, Disposition and Appearance)**  
Dispatcher must have a genuine interest in helping others and in providing the department with an effective communications system.
3. **Interpersonal**  
Should be able to work well with others and to understand the positions of persons calling in.
4. **Intellectual**  
Must be able to understand the operation of the communications system and obtain necessary information for the officer under conditions of extreme stress.
5. **Skills required**  
Must be able to operate the communications console. Must be able to use a typewriter effectively and neatly.

### **Training Provided:**

Basic in-service training of operations of communications center. Provided with an operational manual for emergency procedures. All possible technical training schools available. Must be able to travel for training.

### **Remarks:**

Personnel will work under the required probationary period. Personnel will be evaluated at intervals for overall job performance.