

**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, physical or mental 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 or the information contained within may be subject to examination under that statute.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did you Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Website	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address:	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
Telephone Number(s)	Email Address(es)	

Best time to contact you is: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Preferred method of contact: _____ (i.e. specific phone number or email)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under 18 years of age, can you provide required proof of your eligibility to work?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed an application with Cedar County before? If yes, give date and position applied for: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by Cedar County before? If yes, give date and position held: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any of your relatives or friends work for Cedar County? If yes, provide name and position or department for each such person: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you authorized to work in the U.S.?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you now or in the future require sponsorship for employment status (i.e., H-1B visa status, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been discharged or asked to resign from employment?
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 other applicants, to certain veterans of United States Military Service. Qualification for these rights is defined in this 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 \_\_\_\_\_

Are you able to perform the essential functions of this position, with or without a reasonable accommodation?

Yes  No

**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

**ADDITIONAL INFORMATION**

OTHER QUALIFICATIONS

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

SPECIALIZED SKILLS (Please list any specialized skills, experience in operation of equipment or other similar information that you would like us to be aware of.)

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

REFERENCES

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

**APPLICANT’S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigations of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. In connection with my application for employment with the County, I expressly authorize the release to the County of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, social media accounts and previous employers. I hereby release and discharge the County and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the county as part of my application for employment.

I authorize Cedar County to conduct a check of the status of my driver’s license and my driving record and agree to sign a separate 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 “at will,” which means that the Employee may resign at any time, and the Employer may discharge the Employee at any time with or without cause. It is further understood that the “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 will be 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 separate permission/authorization forms 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 policy 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 have been provided to me at the time of my execution of this authorization.

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

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

\_\_\_\_\_  
Name as it Appears on Drivers License

\_\_\_\_\_  
Drivers License Number/State of Issuance

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

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