



# Floyd County

101 S Main Street Charles City, Iowa 50616  
 Telephone: (641) 257-6131

## Employment Application

It is the policy of Floyd County to promote equal opportunity in employment for all employees and applicants, and to prohibit discrimination in every aspect of personnel policies, practices and all working conditions.

Any offer of employment is contingent upon verification of the information provided on this application and satisfactory completion of background checks

| PERSONAL INFORMATION   |   |   |
|--|---|---|
| Date   | Name (Last, First, Middle)  |   |
| Address (Street, City, State, and Zip)   |   |   |
| Telephone (Area Code/Number)   | Social Security Number  | Name & Address of Physician   |
| In case of an emergency notify:<br>Name:   |   | Phone: _____  |
| Address:   |   |   |
| If under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |
| If not a U.S. citizen, do you have the legal right to remain permanently and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Alien Registration No.  |   |   |
| Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime, in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'Yes', please explain: |   |   |
| Title of position applying for?  | Type of work desired: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer |   |
| Shift you can work:<br><input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Any Shift   |   | Date you can start:<br>If temporary or part-time, date you will leave work:                         |
| Military Service Dept:   | No. of yrs?   | Do you wish to claim veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List office & shop machines you can operate?   |   |   |
| List heavy equipment you can operate?  |   |   |
| Can you perform all the essential functions of the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, what can be done to accommodate your limitation?                              |   |   |
| Would you submit to a job related physical examination if required? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |
| Do you posses a current Iowa Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Expiration Date?  |   | Chauffeurs License? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
| List names and positions of relatives employed by the County:  |   |   |

| EDUCATION  |
|--|
| Highest grade completed: High School: _____ College: _____   |
| Name of last school attended:  |
| Vocational or trade training:  |
| Professional or Technical licenses, permits, etc. (Show state, county or city in which registered) |

| REFERENCES (Please attach additional references as desired.) |  |                  |
|--|--|------------------|
| Name   | Address (Street, City, State, and Zip) | Years Acquainted |
| Home phone   |  | Work phone       |
| Name   | Address (Street, City, State, and Zip) | Years Acquainted |
| Home phone   |  | Work phone       |
| Name   | Address (Street, City, State, and Zip) | Years Acquainted |
| Home phone   |  | Work phone       |

| EMPLOYMENT HISTORY (Please attach additional employment history as necessary.)         |              |                    |                |           |
|--|--------------|--------------------|----------------|-----------|
| Employer Name or Branch of Military  | Date started | Date left          | Rate of pay    | Job Title |
| Employer Address (Street, City, State and Zip)   |              | Phone No.          | Contact Person |           |
| Job Duties   |              | Reason for leaving |                |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                    |                |           |

|  |              |                    |                |           |
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| Job Duties   |              | Reason for leaving |                |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                    |                |           |

|  |              |                    |                |           |
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| Job Duties   |              | Reason for leaving |                |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                    |                |           |

|  |              |                    |                |           |
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| Job Duties   |              | Reason for leaving |                |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                    |                |           |

|   |       |
|---|-------|
| Have you applied for a position with the County before? When: _____   |       |
| Were you previously employed by the County? _____ When: _____   |       |
| I hereby represent that each answer to a question herein and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete, or false statements or information furnished by me will subject me to discharge at any time. In the event that I am employed by Floyd County, I agree to comply with all of its orders, rules, and regulations. I hereby authorize my former employers to give any information regarding my employment with them and, in addition, to furnish any other information they may have concerning me. |       |
| Applicant Signature   | Date: |
| AN EQUAL OPPORTUNITY EMPLOYER<br>Floyd County employs only U.S. Citizens and Authorized Aliens<br>If filing a general application, please submit this signed application to:<br>Floyd County Auditor, 101 S Main St, Ste 302, Charles City, IA 50616  |       |