



JOHNSON COUNTY, IOWA MEDICAL EXAMINER APPLICATION INSTRUCTIONS

To apply for the designation of Johnson County Medical Examiner, email the following documents/information to applications@co.johnson.ia.us:

1. Contact Information:
 - a. First and last name, including professional suffix
 - b. Home address
 - c. Phone number
 - d. Email address
2. Curriculum vitae
3. In the body of the email, or in a separate attachment, answer the following questions:
 - a. Place of current employment and how it qualifies you for the position;
 - b. Other qualifications (e.g. certifications, training, previous employment) related to this position;
 - c. How much time you have available per week to devote to this position;
 - d. Reason for applying;
 - e. Contributions you feel you can make to the Johnson County Medical Examiner Department; and
 - f. The future direction/role you perceive for the Johnson County Medical Examiner Department.

**APPLICATIONS SUBMITTED TO THE COUNTY ARE PUBLIC DOCUMENTS
AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.**

**THANK YOU FOR YOUR INTEREST IN SERVING THE PEOPLE OF
JOHNSON COUNTY AND GREATER IOWA.**

913 SOUTH DUBUQUE STREET ♦ IOWA CITY, IA 52240 ♦ 319.356.6000 PHONE ♦ 319.356.6036 FAX
www.JOHNSON-COUNTY.com ♦ johnsoncountyia.iqm2.com