



DATE: ____ / ____ / ____

JOHNSON COUNTY AUDITOR

Application for Employment

Johnson County Mission Statement:

“To enhance the quality of life for citizens of Johnson County by providing exceptional public services in a collaborative, responsive and fiscally accountable manner.”

It is the policy of Johnson County to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, or pregnancy, and to provide equal opportunities to disabled veterans, veterans of the Vietnam era, other veterans, and individuals with a disability, and any other characteristic protected by federal, state, or local law.

Instructions

- Complete all relevant information on this application, even if a resume is submitted.
- Please let us know if you need an accommodation as we provide reasonable accommodations to known disabilities of applicants.
- All relevant information and the applicant’s signature must be provided on this form to be considered for employment.
- This application shall be active for a period of 90 days. If you still wish to be considered for employment with Johnson County after this period, you must submit a new application.
- Please PRINT and sign this form; then deliver, mail or fax to: Iowa Workforce Development Center; Attn: Tana Sabourin; 1700 S First Ave., Suite 11B, Iowa City, IA 52240.
Fax: 319-351-4433

Personal Information

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number(s): _____
Home phone Alternate phone

E-mail: _____ Social Security Number: _____ - _____ - _____

Employment Desired

Position(s) applying for: _____

How did you learn about this position? _____

Date you can start work: _____ Compensation Desired: _____

Are you currently employed? Yes No

If so, may we contact your employer? Yes No

What type of employment are you seeking? Full-time Part-time Temporary Summer

What hours are you available to work? M_____ Tu_____ W_____ Th_____

F_____ Sa_____ Su_____

Education/Training

Circle highest grade completed: 9 10 11 H.S. Diploma GED College: 1 2 3 4 5 6 7 8

EDUCATION

Dates Attended	Major or Degree Attained	School Name & Address

SPECIAL SKILLS AND QUALIFICATIONS

Typing Speed (WPM)/Office Experience: _____

Computer Applications: _____

Do you have a: valid driver's license Yes No

valid chauffeur's license Yes No If yes, indicate type: _____

Other Licenses/Trades (Type and Number): _____

Certifications: _____

Professional Affiliations: _____

Fluent in the following languages: _____

Employment Experience

Start with your present or most recent job and list prior employers. If you have been employed for more than ten years, please provide a minimum of ten years employment history. Include military service, job-related volunteer activities, and periods of unemployment.

Current or Most Recent	
Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
Primary Job Duties _____	

Reason for wanting to leave _____	

Position Title _____		Employment Dates _____ to _____	
Employer _____		Phone # _____	
Address _____		City _____ State _____ Zip _____	
Direct Supervisor _____		May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annual Compensation _____		Hours Per Week _____ # of employees supervised _____	
Primary Job Duties _____			

Reason for leaving _____			

Position Title _____		Employment Dates _____ to _____	
Employer _____		Phone # _____	
Address _____		City _____ State _____ Zip _____	
Direct Supervisor _____		May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annual Compensation _____		Hours Per Week _____ # of employees supervised _____	
Primary Job Duties _____			

Reason for leaving _____			

Background Information

Have you previously been employed by Johnson County? Yes No

If yes, where, when _____

Do you have any relative(s) currently working for Johnson County? Yes No

Name(s): _____ Department(s): _____

Are you a veteran of the US military service? Yes No

Have you ever been charged with a criminal violation? Yes No

If yes, please explain, including dates, location (State, County and City) of incident: _____

Professional References

Provide the names of three persons not related to you, who are familiar with your work.

Name	Company	Relationship	Years Acquainted	Phone Number
1. _____				
2. _____				
3. _____				

Would you like to have your application for this position considered confidential? Yes No

Not applicable to candidates applying for positions in the Johnson County Attorney's Office

Notification and Authorization

Please read carefully. If you have any questions, ask before signing.

I certify that all responses contained in this employment application are true and accurate to the best of my knowledge. I understand that any misrepresentation on my application, when discovered, will eliminate me from further consideration for employment or will result in immediate termination of employment. I authorize Johnson County and all employers, supervisors, and professional references listed in my application to conduct or participate in any investigation of my personal background, work history, and police record as may be necessary to verify the information provided in this application and to determine my qualifications to hold the position(s) for which I have applied.

If I accept employment with Johnson County, I understand that I will be expected to comply with the Immigration Reform and Control Act of 1986 in addition to all rules, regulations, and policies set forth for Johnson County employees.

Signature of Applicant

Date

Additional Employment History

Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
Primary Job Duties _____	

Reason for leaving _____	

Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
Primary Job Duties _____	

Reason for leaving _____	

Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
Primary Job Duties _____	

Reason for leaving _____	

