



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

# JOHNSON COUNTY

## Application for Employment

### *Mission Statement:*

***“To enhance the quality of life for people 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: Erin Asher, Iowa Workforce Development; 1700 S. First Ave., Suite 11B, Iowa City, IA 52240, fax 319-351-4433; or follow instructions in the advertisement. Alternatively, completed applications may be scanned and e-mailed to [auditor@pobox.com](mailto:auditor@pobox.com).

### 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    If no, please explain: \_\_\_\_\_

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				
	Name and Address of School	Dates Attended	Area of Study/Major	Diploma/Degree Attained
High School				
College				
Post Graduate				
Vocational/Technical				

**SPECIAL SKILLS AND QUALIFICATIONS**

Typing Speed (WPM)/Office Experience: \_\_\_\_\_

Computer Applications: \_\_\_\_\_

Do you have a:    valid driver's license     Yes     No    If yes, indicate number and state of issuance: \_\_\_\_\_

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

List any equipment and/or machinery experience: \_\_\_\_\_

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 _____
<b>Primary Job Duties</b> _____	
_____	
_____	
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 _____	
<b>Primary Job Duties</b> _____			
_____			
_____			
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 _____	
<b>Primary Job Duties</b> _____			
_____			
_____			
Reason for leaving _____			

**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 _____
<b>Primary Job Duties</b> _____	
_____	
_____	
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 _____
<b>Primary Job Duties</b> _____	
_____	
_____	
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 _____
<b>Primary Job Duties</b> _____	
_____	
_____	
Reason for leaving _____	



**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. _____				

Do you consent to your application being treated as public record?  Yes  No

**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.

In compliance with the ***Iowa Smokefree Air Act***, Johnson County prohibits tobacco use on county grounds, which includes but is not limited to county buildings, vehicles, parking lots, and sidewalks leading to building entrances.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

