

County of Johnson Application for Employment

Rev. 05-05-2011

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

I have read and understand the job description requirements for the job which I am applying. Yes No N/A

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____

Are you under 18? Yes No If so, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?
 Yes No (Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER: A DRUG FREE WORKPLACE

Veteran of the U.S. Military service? Yes No If yes, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer	Telephone	Date Employed	Work Performed
Address			
Job Title		<u>Hourly Rates/Salary</u> Starting Final	
Supervisor			
Reason For Leaving			

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Supervisor			
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and Qualifications

Acquired from employment or other experience _____

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training Apprenticeship Skills and Extra Curricular Activities				

Honors Received:

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

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

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 am required to abide by all rules and regulations of Johnson County.

Signature of Applicant

Date

For Personnel Department 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

Additional Information

Other Qualifications

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

Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word	_____	_____
		_____	_____

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

Not to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available in the Commissioners Office. Yes No

References

1.	_____	_____
	Name	Phone Number
	Address	
2.	_____	_____
	Name	Phone Number
	Address	
3.	_____	_____
	Name	Phone Number
	Address	

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 the time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "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 this organization.

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 am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT 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

NOTES _____

