



# APPLICATION FOR EMPLOYMENT

11407 NW Jester Park Drive  
 Granger, IA 50109-9675  
 515-323-5300  
 Fax 515-323-5354

Last Name		First	Middle	Application Date
Street Address/Apt. Number		City		State Zip
Home Phone ( )		Alternate Phone ( )		
Are you under the age of 18? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide date of birth (month / day / year)		Have you previously worked under another name(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, - Name(s)		
If any member of your family is currently employed by Polk County, give name, relationship and where employed.		Have you previously applied at or been employed by Polk County? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where, when?		
What type of employment are you seeking? (Check only those that you will accept) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer/Seasonal		If the job requires working weekends and nights would you be willing to accept it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position(s) Desired in Order of Preference: 1. 2. 3.				
When will you be available for employment?			Starting salary expected?	

## EDUCATION

Have you graduated from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Name and Location of High School/GED		
Name & Location of Schools Attended <i>Beyond</i> High School	Course Study/Degree:/Major Field	Graduated Yes/No	Date

### Office Skills: (check all that apply)

Typing \_\_\_\_\_ wpm  Data Entry \_\_\_\_\_ kph  10 Key  Computer

Please list experience, skills, and qualifications which may relate to the job for which you are applying. Include office machines operated and computer hardware/software/language knowledge.

## MILITARY SERVICE

Dates of Service	Branch	Final Rank
List kind of work performed and training received while in the Military.		

## PROFESSIONAL LICENSES AND/OR CERTIFICATES

Type	License/Cert. Number	State Issued	Expiration Date

AN AFFIRMATIVE ACTION EMPLOYER  
 FOR EQUAL EMPLOYMENT OPPORTUNITY



**DRIVER'S LICENSE**

If required for the position, do you possess a valid driver's license?  No  Yes If Yes, complete the information below.

Type	License Number	State Issued	Expiration Date
Driver's License			
Chauffeur's License			
Commercial Driver's License (indicate if class A, B, or C)			
CDL Endorsements (specify):			

Have you been discharged or asked to resign from a job?  Yes  No  
If yes, list employer, dates, reason and explanation-

Have you been convicted of a crime within the last 10 years, or do you currently have a charge pending for any felony, misdemeanor or other criminal offense excluding minor traffic violations?  Yes  No If yes, explain and give dates.

**CITIZENSHIP**

Within three days after employment, you will be required by IRCA guidelines to prove your citizenship or eligibility as an alien.

Are you a United States citizen or do you have papers from the United States Government permitting you to work?

Yes  No

**SIGNATURE**

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be hired; or if hired, I may be discharged.

I authorize the employer to investigate all statements contained in this application for employment to include criminal, child and/or dependent adult abuse information as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

I authorize my prior employers, references, and others with information regarding my work, education history or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by Polk County.

I also understand that if I am offered employment, the offer is conditioned upon receipt of satisfactory employment references, acceptable criminal/abuse background information, Driver's License check, and favorable health evaluation, which includes a Polk County Health Department physical examination. The physical examination for Polk County includes a drug screen for Public Safety positions.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

It is the policy of Polk County, an Equal Opportunity and Affirmative Action Employer, that all persons employed will be treated without regard to race, color, religion, qualified disability, sex, age or national origin, except where these categories are a bonafide occupation qualification.

The Human Resources Department of Polk County is the designated coordinator of our programs and procedures for implementation of this policy.

**FOR OFFICE USE ONLY**

Date of Hire:

Department:

Position:

Rate: