

**POWESHIEK COUNTY  
SECONDARY ROADS  
APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally-protected status. The County also complies with applicable veteran's requirements.

Last Name	First Name	Middle Name	Phone Number	
Address	City	State	Zip	SS #(Optional)
Position Applying For		Today's Date		

Are you at least 18 years of age? Yes No	Are you legally able to be employed in the US? Yes No
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Are you related to anyone who works for the County? Yes No
If yes, who, and what is the relationship?

Have you ever been convicted of a crime other than minor traffic violations? Yes No (A yes answer does not automatically disqualify you from employment) If yes, please explain:

Are you able, either with or without reasonable accommodations, to perform the functions of the job for which you are applying? Yes No
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<b>VETERAN'S PREFERENCE</b>
Are you a US Military Veteran? Yes No Those wishing to claim Veteran's Preference must submit Proof of Service (DD 214)

<b>EDUCATION</b>	
High School: _____	Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____	
College: _____	Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____	
Other: _____	Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____	

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EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. If you need additional space, please continue on a separate sheet of paper.

1. Present or last employer \_\_\_\_\_ Date employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date separated \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ May we contact this employer? Yes No  
Your Title \_\_\_\_\_ Department \_\_\_\_\_ Full Time or Part Time  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Previous employer \_\_\_\_\_ Date employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date separated \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ May we contact this employer? Yes No  
Your Title \_\_\_\_\_ Department \_\_\_\_\_ Full Time or Part Time  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Previous employer \_\_\_\_\_ Date employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date separated \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ May we contact this employer? Yes No  
Your Title \_\_\_\_\_ Department \_\_\_\_\_ Full Time or Part Time  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

REFERENCES

Please list three references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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MOTOR VEHICLE OPERATOR INFORMATION

Do you possess a valid Iowa driver's license? Yes No      Do you possess a valid Iowa commercial driver's license? Yes No

Drivers License #: \_\_\_\_\_ CDL Endorsements: \_\_\_\_\_

\_\_\_\_\_

Traffic record conviction for last 10 Years: \_\_\_\_\_

Please indicate in the space below and on additional blank sheets, if necessary, related experience, training, skills or ability that you believe will qualify you for the position for which this application is filed.

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In your own words and without any help, explain briefly why you would be a good employee and sign it at the bottom. (If help is required because of a disability, please indicate near the signature that you were helped and list who gave the help.)

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I certify that I wrote this myself without any help \_\_\_\_\_

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DRUG AND ALCOHOL INFORMATION  
(FOR ALL APPLICANTS)

All applicants for employment are required to submit to a drug and alcohol test after conditional offer of employment has been made. The results of the drug and alcohol test will be provided to the County. If you are currently using illegal drugs or controlled substances, you are not eligible for employment. If you use illegal drugs or controlled substances after you have been employed, you will be subject to disciplinary action or dismissal. This policy does not apply to the use of medications which have been prescribed for an individual by a licensed medical practitioner and which are used strictly in accordance with the prescription.

APPLICANT'S STATEMENT

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

In applying for employment I want the County to be fully informed of my previous record and I hereby authorize the County to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, schools, companies, law enforcement agencies and other organizations or employers from any liability on account of furnishing such information.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the County retains a similar right.

I understand that any withholding of information or misrepresentation on this application or on County medical forms could result in rejection for employment, or if employed, termination from the County.

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

\_\_\_\_\_  
Date

Please submit to:

Poweshiek County Engineer's Office  
102 S. 3<sup>rd</sup> Street  
PO Box 306  
Montezuma, IA 50171

Phone: 641-623-5435

Fax: 641-623-5546

Email: [ldurr@poweshiekcounty.org](mailto:ldurr@poweshiekcounty.org)