

**Poweshiek County Sheriff's Office** 



## **Employment Application**

This County is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race religion, creed, color, sex, national origin, or disability.

Please answer <u>ALL</u> questions. Print or write carefully. If you provide false, inaccurate, in incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

Applicant Information (To Be Completed By All Applicants)												
Full Nar	ne:								Date:			
Address:					t			M.I.				
						Apartment/Unit #						
	(	City						State		ZIP Code		
Phone:	(	)			E-n	nail Addres	ss:					
Date Available: Social Security No.:			:	Date of Birth:								
Position	App	lied for:										
Are you a citizen of the United States?			YES		-		ligible to wo			YES		
County? Have yo		er been convi	cted of a felony?	YES		lf so, whe	<u>-</u>					
lf yes, e	xplaii	n:										
			N	lotor Veh	icle O	perator Ir	nforma	tion				
The following 3 questions must be answered in order to complete a check of your driving record:       1) Date of Birth:       2) Drivers License Information:       3) Traffic Record Conviction:												
Education												
High So	chool	:		Ac	ddress	:						
Fr om:		To:	Die			YES	NO	Degree:				
				-								

College:		Address:			
From:	То:	Did you graduate?	YES	Degree:	
Other:		Address:			
From:	То:	Did you graduate?	YES	Degree:	

References						
Please list t	hree professional references.					
Full Name:	Relationship:					
Company:	Phone: ( )					
Address:						
	Relationship:					
Company:	Phone: ( )					
Address:						
	Relationship:					
Company:	Phone: ( )					
Address:						
	Previous Employment					
Company:	Phone: ( )					
Address:	Supervisor:					
Job Title:	Starting Salary: \$ Ending Salary: \$					

Responsibilities:						
From:	То:	Reason for Leaving:				
May we contact you	r previous supe	YES ervisor for a reference?				
Company:			Phone:	(	)	
Address:			Sup	erviso	r:	
Job Title:		Starting Salary:			Ending Salary:	\$
Responsibilities:						
From:	To:	Reason for Leaving:				
YES NO   May we contact your previous supervisor for a reference?						

Company:	Phone: ( )					
Address:	Supervisor:					
Job Title: Starting Salary:	Ending Salary: \$					
Responsibilities:						
From: To: Reason for Leaving:						
May we contact your previous supervisor for a reference?						
Military Service						
Branch:	From: To:					
Rank at Discharge: Type of	f Discharge:					
If other than honorable, explain:						

## Drug and Alcohol Information (For All Applicants)

All applicants for employment are required to submit to a drug and alcohol rest after conditional offer of employment has been made. The results of the drug and alcohol tests will be provided t 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.

## FOR ALL APPLICANTS- PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made by me in this application and all related information, which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I regardless of the date on which the County discovers the violation of its policy regarding application from dishonesty.

In connection with my application for employment with the County, I expressly authorize the release to the County of any records or information, which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the County and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the County as part of my application for employment.

If I am offered and accept employment with the County, I understand that my employment is At Will and that my employment may be terminated at any time and for any reason either by me or by the County.

Signature:	Da	ate:	