



Greene County, Iowa

Application for Employment

Return application to:

Greene County Auditor
 114 N Chestnut St
 Jefferson, Iowa 50129

Contact Information:

Phone: (515) 386-5680
 Fax: (515) 386-2216
 E-mail: auditor@co.greene.ia.us

Greene County is an equal opportunity employer. Qualified applicants are eligible to compete for positions without regards to race, creed, color, religion, age, sex, national origin, marital status, sexual orientation, disability and/or any other characteristic protected by federal, state or local laws. If assistance is required to complete this application, contact the Greene County Auditor's Office. Be sure to answer all questions completely and accurately. Please print clearly, illegible applications can not be processed.

Application Date:	Position Applying for:
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Please list any experience, skills or qualifications which may relate to the position you are applying for.

PERSONAL INFORMATION

Last Name:	First:	Middle:
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Street Address:	City:	State:	Zip:
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Social Security Number:	Are you legally authorized to work in the US? <input type="radio"/> Yes <input type="radio"/> No	Are you 18 years of age or older? <input type="radio"/> Yes <input type="radio"/> No
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Main Phone #:	Alternate Phone #:
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E-mail Address:	Identify any family members employed by Greene County (name, dept.)
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Have you every worked for Greene County? (If yes, give dates and title)	Reason for Leaving?
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EDUCATION

Circle the highest grade completed: 8 9 10 11 High School Diploma GED College: 1 2 3 4 5 6 7 8 9 10

Classification	Name & Location:	Dates Attended	Major / Field of Study	Degree Attained
High School		Do not include dates for High School		
College				
Post Graduate				
Vocational / Tech.				
Other				

EMPLOYMENT HISTORY

Please provide a complete record of all employment for the past ten years and reasons for periods of unemployment. Include all paid time, volunteer work, military service, part-time, etc... Start with your present or most recent employer. This section must be completed, even if you submit a resume. Failure to do so could result in application being rejected. List additional employers on backside if needed.

1 Most Recent Employer	Company Name:		Telephone Number:	
	Address:		Dates Employed: (Month & Year)	
			From:	To:
	Position Held:		Hourly Pay / Salary	<input type="radio"/> Full-time <input type="radio"/> Part-time
	Describe Your Duties:			
Name of Supervisor:		Reason for Leaving:		Permission to contact employer?
				<input type="radio"/> Yes <input type="radio"/> No
2 Next Employer	Company Name:		Telephone Number:	
	Address:		Dates Employed: (Month & Year)	
			From:	To:
	Position Held:		Hourly Pay / Salary	<input type="radio"/> Full-time <input type="radio"/> Part-time
	Describe Your Duties:			
Name of Supervisor:		Reason for Leaving:		Permission to contact employer?
				<input type="radio"/> Yes <input type="radio"/> No
3 Next Employer	Company Name:		Telephone Number:	
	Address:		Dates Employed: (Month & Year)	
			From:	To:
	Position Held:		Hourly Pay / Salary	<input type="radio"/> Full-time <input type="radio"/> Part-time
	Describe Your Duties:			
Name of Supervisor:		Reason for Leaving:		Permission to contact employer?
				<input type="radio"/> Yes <input type="radio"/> No
4 Next Employer	Company Name:		Telephone Number:	
	Address:		Dates Employed: (Month & Year)	
			From:	To:
	Position Held:		Hourly Pay / Salary	<input type="radio"/> Full-time <input type="radio"/> Part-time
	Describe Your Duties:			
Name of Supervisor:		Reason for Leaving:		Permission to contact employer?
				<input type="radio"/> Yes <input type="radio"/> No

Have you ever been discharged from a job? If "Yes" please list employer, dates and explanation:

- Yes
 No

MILITARY SERVICES

Dates of Service:	Branch:	Final Rank:
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List training and kind of work performed in Military:

Are you claiming Military Preference? If "Yes" please submit an Undeleted DD Form 214 with your application.

Yes
 No

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type of Licenses / Cert.	License / Cert. Number	State Issued	Expiration Date

BACKGROUND INFORMATION

Have you ever worked under or been known by another name? If "Yes" please list name(s) dates and reason for use.

Yes
 No

Have you ever been convicted of, pled guilty to, or have charges pending for a felony, misdemeanor or other criminal offense excluding minor traffic violations (please include deferred judgments)? If "Yes" please explain, include dates, locations and charges of each incident:

Yes
 No

Please note: A conviction or criminal record is not an automatic disqualification from employment and the nature, disposition & timelines of the offense will be considered only as it relates to the position for which you are applying for.

PROFESSIONAL REFERENCES

Please provide the names and information of three individuals not related to you, who we may contact regarding your abilities.

Name:	Relationship:	Organization:
Working Phone Number:	Address:	Years Acquainted:
Name:	Relationship:	Organization:
Working Phone Number:	Address:	Years Acquainted:
Name:	Relationship:	Organization:
Working Phone Number:	Address:	Years Acquainted:

ABUSE REGISTRY AND CRIMINAL HISTORY WAIVER

I hereby give permission for Greene County, Iowa to conduct a child and/or dependent adult abuse check and an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by DCI may be released and I understand that it will be used by the requestor only for licensing, employment or volunteer purposes.

Applicant's Signature

Date

SIGNATURE REQUIRED

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 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 employer, 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 Greene County.

I also understand that **"IF"** I am offered employment, the offer is conditional upon receipt of satisfactory employment reference, acceptable criminal/abuse background information, and favorable health evaluation, which includes a physical examination.

Applicant's Signature

Date

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

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

FOR OFFICE USE ONLY

Hire Date:	Department	Position	Pay Step & Range