

KEOKUK COUNTY

HIGHWAY DEPARTMENT



Please print in
ink or type

EMPLOYMENT APPLICATION

Equal Opportunity Employer: It is our policy to abide by Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, sexual orientation, gender identification, marital status, disability, or any other status protected by law. **Note:** If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe is appropriate:

Position(s) Applied for:	Date of Application:
How did you learn about us?	
<input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Website _____	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Newspaper Advertisement _____ (specify)	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Trade Publication _____ (specify)	<input type="checkbox"/> Other

PERSONAL

Name	Last	First	Middle	Social Security Number
Address		Street	City	State Zip Code
Telephone ()		Cell phone ()		

OTHER EMPLOYMENT-RELATED INFORMATION

Check the following options which you would consider: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	List any relatives working for this organization: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 40%;">Department</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Name	Department		
Name	Department				
If Minor, Age					

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes No

For purposes of this section, the term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor. If you answer "yes" to any of the following questions, you must provide detail below:

Have you ever been convicted of a felony?: _____

Have you ever been convicted of a serious misdemeanor?: _____

Note: Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness, and recency of the convictions in making our decision.

If you smoke, are you willing to adhere to the County's restricted smoking policy? Yes No

Have you ever been discharged or asked to resign from employment? Yes No

If yes, explain _____

EMPLOYMENT EXPERIENCE

List below, in reverse order the positions you have held, starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each assignment in military service. Under "Specific Duties" emphasize your own specific task including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than four (4) periods of employment, fill out blank sheet in the same form as outlined below and attach. **Note:** Resumes will not be accepted in lieu of completion of this part, or any part of this application.

Name of Employer			Type of Business		
Address		City	State	Zip	Telephone ()
Date Employed From To		Starting Title and Salary		Last Title and Salary	
Name and Title of Supervisor		May we Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Was employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Reason for Leaving
Brief Description of Duties					

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Address		City	State	Zip	Telephone ()
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Brief Description of Duties					

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

If you have used another surname as an adult, please list the name used.

Service Record
Are you a military veteran? Yes* No If yes, dates of active duty: From _____ To: _____
*If claiming Veteran's preference, please attach a copy of your DD-214
Are you a member of the Reserves or National Guard? Yes No

If driving is one of the requirements of the position for which you are applying, please answer the following:
Do you have a valid driver's license in this state? Yes No
If Yes, License No. _____
Do you have a valid CDL license or Chauffeur's license? Yes No
If Yes, License No. _____
Has your CDL or driver's license ever been suspended or revoked? Yes No
Have you had any moving violations during the last five years? Yes No
If yes, please list below:

Please read carefully before signing. If you have any questions regarding the following, please ask for assistance.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in refusal to hire or in termination of employment.

I authorize the County to contact my current and former employers as designated in the Employment Experience section of this application, school officials, persons named as references and all others for the purpose of information, verification and release the same from liability resulting from the information released. I authorize employers, schools, agencies and other persons named on this application to provide any information or transcripts requested.

In the event that I am employed, I understand that I must comply with all county policies and rules of conduct. I understand that as the county deems necessary, I may be required to work overtime hours or hours outside the normally defined work day or week.

I understand and agree that I may be required to take a post-offer physical exam and/or functional capacity assessment at such site as designated by the county, with regards to the essential functions of the position for which I am employed. I understand also that I may be required to take a hearing test, drug screening test and may need to provide OSHA-approved safety clothing for specific positions within county employment.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT BETWEEN THE APPLICANT AND THE COUNTY. I FURTHER UNDERSTAND AND AGREE THAT EMPLOYMENT AND COMPENSATION MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE AT THE WILL OF THE COUNTY WITHOUT LIABILITY TO ME FOR ANY CONTINUATION OF SALARY, WAGES OR EMPLOYMENT-RELATED BENEFITS, EXCEPT AS MAY BE PROVIDED BY RELEVANT COLLECTIVE BARGAINING AGREEMENTS, KEOKUK COUNTY HANDBOOK POLICIES, OR APPLICABLE

I have read, understand, and by my signature, consent to these statements.

Signature: _____ Date: _____

FOR MOTOR VEHICLE OPERATOR APPLICANTS ONLY

The following questions must be answered in order to complete a check of your driving record:

Driver's license Information State: _____ Number: _____

How many years have you driven a commercial vehicle? _____

What is the proper safety procedure for getting into and out of a tractor cab?

What is the proper procedure for lifting boxes?

Have you ever fallen off a truck? Yes No If "yes," how many times? _____

Can you lift a load that weighs 75 pounds? Yes No

Can you drive 12 hours in a 7-day period? Yes No

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates	Approx. Miles
Straight Truck _____	_____	_____	_____
Tractor & Semi _____	_____	_____	_____
Tractor-2 Trailers _____	_____	_____	_____
Tractor-Flatbed _____	_____	_____	_____

State any special course or training that will help you as a driver: _____

Have you received any safe driving awards? Yes No If "yes," from whom: _____

If you answer "yes" to any of the following questions, you must provide detail on back:

Have you ever had an automobile accident? Yes No

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has your motor vehicle license, permit, or privilege ever been suspended or revoked? Yes No

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol? Yes No

ACCIDENT RECORD

(List all accidents in the past 10 years whether chargeable or non-chargeable)

	Date	Nature of Accident	Fatality	Injuries	Vehicle
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

TRAFFIC CONVICTION RECORD

(List all traffic convictions and guilty pleas, in the past 10 years, other than parking violations)

	Date	City and State	Charge	Penalty	Vehicle
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

