

Application for Employment Keokuk County Public Health

101 S. Main, Courthouse
 Sigourney, IA 52591
 Ph: 641.622.3575
 Fax: 641.622.1052
 Email: phealth@keokukcountya.com

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 preference requirements.

Last Name	First Name	Middle Name	Telephone
Address		City	State Zip
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 U.S.? Yes No
- May we contact your present or past employers? Yes No
- 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 violation? Yes No
 - A yes answer does not automatically disqualify you from employment, if yes, please explain: _____
- Do you have a record of founded child or dependant adult abuse? Yes No
- Are you able, either with or without reasonable accommodations, to safely perform the essential functions of the job for which you are applying? Yes No

Veteran's Preference

- Are you a U.S. military veteran? Yes No
 - If yes, please attach Proof of Service (DD 214) to this application form.

Education Record

School Name & Location	Elementary School	High School	Undergrad/College/Univ.	Graduate
Years Completed (circle highest grade completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Describe Course of Study				

Have you received any additional training – workshops, short courses, volunteer work, etc?

Do you have any other experience or qualifications not listed which related to the job applied for? List any office equipment or machines or equipment you operate.

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 Address City State Zip	Date employed: Date separated:
Phone	Immediate Supervisor:
Full Time? Yes No	Your Title: Department:
Specific Duties:	

2. Present or last employer Address City State Zip	Date employed: Date separated:
Phone	Immediate Supervisor:
Full Time? Yes No	Your Title: Department:
Specific Duties:	
Reason for leaving:	

3. Present or last employer Address City State Zip	Date employed: Date separated:
Phone	Immediate Supervisor:
Full Time? Yes No	Your Title: Department:
Specific Duties:	
Reason for leaving:	

4. Present or last employer Address City State Zip	Date employed: Date separated:
Phone	Immediate Supervisor:
Full Time? Yes No	Your Title: Department:
Specific Duties:	
Reason for leaving:	

If required for the position, please answer the following questions:

- Do you possess a valid Iowa driver's license? Yes No
- Do you possess a valid Iowa commercial driver's license? Yes No
- Do you use a typewriter or a computer keyboard? Yes No

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

Applicants Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation and verification of all statements contained in this application.

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, another organizations or employers from any liability on account of furnishing such information.

If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by me or the County.

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

Signature of Applicant _____ **Date** _____

Please be certain you have completed all 3 pages of this application form.

References for Employment with the Keokuk County Board of Health

Keokuk County Public Health
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Please submit the name, position, address, and telephone number of three (3) individuals who know you in a professional capacity, such as employers, college or school faculty, and administrators or managers.

1. Name:	Position:
Mailing Address:	Telephone:

2. Name:	Position:
Mailing Address:	Telephone:

3. Name:	Position:
Mailing Address:	Telephone:



Applicant's Authorization for Release of Information
Please read carefully before signing

I hereby authorize the above named individuals/institutions to furnish the Keokuk County Board of Health and their representatives with information concerning my education and experience, my reasons for leaving employment, together with any and all information concerning me whether on record or not. I agree to release and hold harmless the above named individuals/institutions from liability for any damages whatsoever for issuing such information.

I acknowledge and authorize the usage of copies of this release to be the same as the original when submitted to the above named individuals/institutions.

Date _____

Signature _____

Witnessed _____

Maiden or Previous Names _____