

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# BENTON COUNTY

## Application for Employment

It is the policy of Benton County to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, or pregnancy, and to provide equal opportunities to disabled veterans, veterans of the Vietnam era, other veterans, and individuals with a disability, and any other characteristic protected by federal, state, or local law.

### Instructions

- Complete all relevant information on this application, even if a resume is submitted.
- Please let us know if you need an accommodation as we provide reasonable accommodations to known disabilities of applicants.
- All relevant information and the applicant's signature must be provided on this form to be considered for employment.
- This application shall be active for a period of 90 days. If you still wish to be considered for employment with Benton County after this period, you must submit a new application.
- Please PRINT and sign this form; then deliver, mail or fax to: Benton County Engineer's Office, 1707 West First Street, Vinton, IA 52349. Fax: 319-472-2737

### Personal Information

Name:	_____			
	Last	First	Middle	
Present Address:	_____			
	Street	City	State	Zip
Permanent Address:	_____			
	Street	City	State	Zip
Phone Number(s):	_____		_____	
	Home phone		Alternate phone	
E-mail:	_____	Social Security Number:	_____ - _____ - _____	

**Employment Desired**

Position(s) applying for: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Date you can start work: \_\_\_\_\_ Compensation Desired: \_\_\_\_\_

Are you currently employed?       Yes     No

If so, may we contact your employer?     Yes     No

What type of employment are you seeking?     Full-time     Part-time     Temporary     Summer

What hours are you available to work? M\_\_\_\_\_ Tu\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_

F\_\_\_\_\_ Sa\_\_\_\_\_ Su\_\_\_\_\_

**Education/Training**

Circle highest grade completed: 9   10   11   H.S. Diploma   GED   College: 1   2   3   4   5   6   7   8

EDUCATION		
Dates Attended	Major or Degree Attained	School Name & Address

**SPECIAL SKILLS AND QUALIFICATIONS**

Typing Speed (WPM)/Office Experience: \_\_\_\_\_

Computer Applications: \_\_\_\_\_

Do you have a:    valid driver's license       Yes     No

valid chauffeur's license     Yes     No    If yes, indicate type: \_\_\_\_\_

Other Licenses/Trades (Type and Number): \_\_\_\_\_

Certifications: \_\_\_\_\_

Professional Affiliations: \_\_\_\_\_

Fluent in the following languages: \_\_\_\_\_

## Employment Experience

Start with your present or most recent job and list prior employers. If you have been employed for more than ten years, please provide a minimum of ten years employment history. Include military service, job-related volunteer activities, and periods of unemployment.

Current or Most Recent	
Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
<b>Primary Job Duties</b> _____	
_____	
_____	
Reason for wanting to leave _____	

Position Title _____		Employment Dates _____ to _____	
Employer _____		Phone # _____	
Address _____		City _____ State _____ Zip _____	
Direct Supervisor _____		May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annual Compensation _____		Hours Per Week _____ # of employees supervised _____	
<b>Primary Job Duties</b> _____			
_____			
_____			
Reason for leaving _____			

Position Title _____		Employment Dates _____ to _____	
Employer _____		Phone # _____	
Address _____		City _____ State _____ Zip _____	
Direct Supervisor _____		May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annual Compensation _____		Hours Per Week _____ # of employees supervised _____	
<b>Primary Job Duties</b> _____			
_____			
_____			
Reason for leaving _____			

**Background Information**

Have you previously been employed by Benton County?  Yes  No  
If yes, where, when \_\_\_\_\_

Do you have any relative(s) currently working for Benton County?  Yes  No  
Name(s): \_\_\_\_\_ Department(s): \_\_\_\_\_

Are you a veteran of the US military service?  Yes  No

Have you ever been charged with a criminal violation?  Yes  No  
If yes, please explain, including dates, location (State, County and City) of incident: \_\_\_\_\_

**Professional References**

Provide the names of three persons not related to you, who are familiar with your work.

Name	Company	Relationship	Years Acquainted	Phone Number
1. _____				
2. _____				
3. _____				

**Notification and Authorization**

**Please read carefully. If you have any questions, ask before signing.**

I certify that all responses contained in this employment application are true and accurate to the best of my knowledge. I understand that any misrepresentation on my application, when discovered, will eliminate me from further consideration for employment or will result in immediate termination of employment. I authorize Benton County and all employers, supervisors, and professional references listed in my application to conduct or participate in any investigation of my personal background, work history, and police record as may be necessary to verify the information provided in this application and to determine my qualifications to hold the position(s) for which I have applied.

If I accept employment with Benton County, I understand that I will be expected to comply with the Immigration Reform and Control Act of 1986 in addition to all rules, regulations, and policies set forth for Benton County employees.

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

\_\_\_\_\_  
Date

### Additional Employment History

Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
<b>Primary Job Duties</b> _____	
_____	
_____	
Reason for leaving _____	

Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
<b>Primary Job Duties</b> _____	
_____	
_____	
Reason for leaving _____	

Position Title _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact for a reference check? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Compensation _____	Hours Per Week _____ # of employees supervised _____
<b>Primary Job Duties</b> _____	
_____	
_____	
Reason for leaving _____	

**Motor Vehicle Records Release**

Date: \_\_\_\_\_

**Attention: Employees Who Drive Motor Vehicles in Connection  
With their Employment for Benton County**

I am aware that consumer and motor vehicle reports may be obtained as part of Benton County's evaluation of my job application and/or employment. The reports may be procured by Benton County or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for Benton County or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Benton County Insurance Coordinator

\_\_\_\_\_  
Signature Applicant/Employee

\_\_\_\_\_  
Name as it appears on Driver License

\_\_\_\_\_  
Driver License Number/State of Issuance

\_\_\_\_\_  
Date of Birth

**BENTON COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. The information you provide will be used only for required governmental statistics and to monitor our Affirmative Action efforts. Thank you for your assistance.**