



Employment Application

Delaware County

The position I am applying for is: _____

 Last Name First Name Middle Name

 Address Street City State ZIP Code

 Telephone Number Email Address

 Driver's License Number Do you possess a Class A Commercial Driver License (CDL)
 Yes No

List additional names you have used: _____

Please list an additional phone number where we can leave a message:

Name: _____ Relationship: _____ Number: _____

How did you learn about this employment opportunity?

Newspaper Job Service Friend Walk-in Website Education Institution Employee Other

Please be sure to answer all items completely and accurately.

Type of work you would accept: Full time Part time Seasonal Temporary

What date would you be available for work? _____

Have you ever filed an application with us before? Yes No If yes, Month/Year: _____

Have you ever been employed with us before? Yes No If yes, In what capacity? _____

From: _____ To: _____ Reason for Leaving: _____

What is the minimum salary that you would accept? _____

Do you have any relatives currently employed by us? Yes No

If yes, state the name, relationship and department in which they are employed. _____

Are you legally eligible to be employed in the U.S.? Yes No (Proof of identity and eligibility will be

Are you a veteran of the U.S. Armed Forces? Yes No required upon employment)

Dates of military service: _____ Branch: _____

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

If so, please indicate the nature of the offense, date, state and disposition. _____

(A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision.

I hereby acknowledge that any employment relationship with Delaware County is of an At-Will nature, which means that the employee may resign at any time and that Delaware County may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Delaware County constitutes an employment contract unless a specific document to that effect is executed by Delaware County and be in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Delaware County cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

It is the policy of Delaware County to provide equal treatment to all Delaware County employees and applicants for Delaware County employment without regard to race, color, religion, political affiliation, creed, sex, sexual orientation, gender identity, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

Individuals in need of special accommodations are asked to notify our office in advance.



Addenda to job application Veteran Status

This portion is required to be submitted with each application by Iowa Code Chapter 35C

Name of Applicant: _____

1. Are you a United States citizen? ___Yes ___ No
2. Are you a citizen and resident of the State of Iowa? ___Yes ___No
3. Are you an honorably discharged veteran from the military or naval forces of the United States in any war in which the United States has been engaged, including the Korean Conflict at any time between June 25, 1950 and January 31, 1955, both dates inclusive, the Vietnam Conflict beginning August 5, 1964, and ending on May 7, 1975, both dates inclusive, and the Persian Gulf Conflict beginning August 2, 1990, or the current conflicts in Iraq or Afghanistan? ___Yes ___No
4. Did you receive an honorable discharge? ___Yes ___No
5. If the answer to questions 1, 2, 3, and 4 is yes, please complete the following:
 - a. In which war did you serve?
 - b. In which branch of the military did you serve?
 - c. When did you enter the military? (Month, day, year):
 - d. When were you discharged from the military? (Month, day, year):
 - e. Please attach a copy of your DD214 to this job application.

The above information is true and correct.

Signature of Applicant



Authorization for Criminal, Child and Adult Record Check

* **Name:**

* **Social Security Number:**

* **Date of Birth:**

* **Driver's License Number:**

* **Driver's License State of Issue:**

* *Required Information*

I, _____, do hereby authorize Delaware County representative to conduct an Iowa criminal history and Dependent Adult and Child Abuse registry check with the Division of Criminal Investigation.

Signature: _____

Date: _____