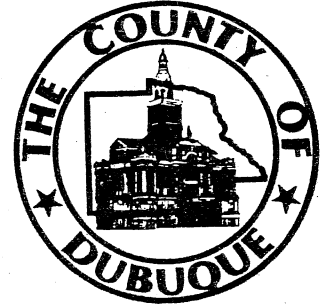


APPLICATION FOR EMPLOYMENT DUBUQUE COUNTY, IOWA



GENERAL INFORMATION:

- Complete this application in detail. Print or type your responses.
- Resumes may be added but cannot be substituted for a fully completed application.
- Filing an application does not imply that you will be interviewed or hired but that your qualifications will be considered for vacancies indicated.
- Dubuque County hires only U.S. Citizens and Aliens lawfully authorized to work in the United States and will require all new full-time and part-time employees to complete the Federal I-9 form that verifies the person's identity and employment eligibility.
- Dubuque County is an equal opportunity employer. Qualified applicants are eligible to compete for positions without regard to race, color, national origin, sex, creed, religion, age, mental or physical disability, marital status or sexual preference.

PERSONAL INFORMATION

POSITION FOR WHICH YOU ARE APPLYING: _____

DATE OF APPLICATION: _____

1. _____
Last Name First Name Middle Initial

2. _____
Street Address City State Zip Code

3. _____ 4. _____
Phone Number – Business Hours Phone Number – Evenings

5. Social Security Number: _____

6. Have you served and been honorably discharged from the Military forces of the United States during any of the following periods? _____ Yes _____ No

- A. December 7, 1941 - December 31, 1946
- B. June 25, 1950 - January 31, 1955
- C. February 28, 1961 - May 7, 1975
- D. August 24, 1982 - July 31, 1984
- E. December 20, 1989 - January 31, 1990
- F. August 2, 1990 -

7. Name any relative in the County's employ: _____

EDUCATION AND TRAINING

8.	No. of Years Completed	Name Of Institution	Did You Graduate?
Elementary	_____	_____	_____
High School	_____	_____	_____
Trade/Business School	_____	_____	_____
College	_____	_____	_____
Post Graduate	_____	_____	_____
Other	_____	_____	_____

If you attended college, what was your major? _____ minor? _____

9. List any special training (vocational schools, short courses, workshops, etc.) _____

10. If the job announcement requires completion of specific courses or training, indicate that which you have completed:

11. If the job announcement requires the operation of specific machinery or special skills, list those at which you are competent: _____

12. List any professional licenses you hold _____

13. Typing Speed _____ wpm Speedwriting or Shorthand speed _____ wpm (if applicable)
List computer programs you are familiar with: _____

14. List special office machines you can operate: _____

15. If applying for a position that requires driving, do you have a valid appropriate driver's license? ____ Yes ____ No
If yes, please give license number _____
You will be expected to provide evidence of appropriate driver's license, subject to validation, prior to employment.

EMPLOYMENT RECORD

Please begin with your present or most recent employer and continue for the past 20 years.

You may attach additional sheets if necessary.

16. Dates employed _____
Position held _____
Starting salary _____ (monthly) Final salary _____ (monthly)
Name and address of employer _____

Immediate supervisor _____
Title of immediate supervisor _____
Description of duties _____

Reason for leaving _____

Dates employed _____
Position held _____
Starting salary _____ (monthly) Final salary _____ (monthly)
Name and address of employer _____

Immediate supervisor _____
Title of immediate supervisor _____
Description of duties _____

Reason for leaving _____

Dates employed _____
Position held _____
Starting salary _____ (monthly) Final salary _____ (monthly)
Name and address of employer _____

Immediate supervisor _____
Title of immediate supervisor _____
Description of duties _____

Reason for leaving _____

17. May inquiry be made of your present employer regarding your character, qualifications and record of employment?
 _____ Yes _____ No
18. May inquiry be made of your past employer(s) regarding your character, qualifications and record of employment?
 _____ Yes _____ No

19. REFERENCES

NAME	ADDRESS	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION OF APPLICANT

Please read carefully

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware, that should an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I will be dismissed from my employment with Dubuque County. I further authorize Dubuque County to make all necessary and appropriate investigations to verify the information contained herein.

Signature _____ Date _____

AUTHORIZATION AND RELEASE

Having made application for employment and desiring Dubuque County to be informed as to my record(s), I hereby authorize Dubuque County to investigate my record and I further authorize the addressed individual, company or institution to furnish Dubuque County with any information which may concern my employment record, and do hereby release the addressed individual, company or institution and all persons whomsoever from any damage on account of furnishing such information.

Signature of Applicant _____

Date _____

Witness _____