

APPLICATION FOR EMPLOYMENT
PAGE COUNTY, IOWA
AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Print in ink or type all answers. Use a separate sheet of paper for additional information or explanation.

PERSONAL DATA

1. NAME _____

2. CURRENT ADDRESS _____

3. PERMANENT ADDRESS _____

4. SOCIAL SECURITY # _____ 5. TELEPHONE () _____

6. WHAT IS YOUR GENERAL PHYSICAL CONDITION? Excellent ___ Good ___ Fair ___ Poor ___

7. Please describe any physical limitations which could hinder you in the performance or the position(s) for which you are applying: _____

EDUCATION AND TRAINING:

	<u>No. Years Completed</u>	<u>Did You Graduate?</u>
Elementary	_____	_____
High School	_____	_____
College	_____	_____
Post Graduate	_____	_____

9. List any special training (vocational schools, short courses, workshops, etc.) that you might have that would aid in the performance of the positions for which you are applying _____

10. If the job announcement requires completion of specific courses or training, indicate those that have been completed: _____

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

REFERENCES: Please list a minimum of three references who can attest to your experience and ability. Do not list relatives.

12. Name _____ Title _____

Address _____ Phone # () _____

13. Name _____ Title _____

Address _____ Phone # () _____

14. Name _____ Title _____

Address _____ Phone # () _____

EMPLOYMENT RECORD: Begin with present or most recent employer and continue for the past fifteen years. Attach additional sheets if necessary.

15. Dates Employed _____ Description of Duties _____

Position Held _____

Starting Salary _____

Ending Salary _____

Name and Address of Employer _____

Immediate Supervisor _____

Supervisor's Title _____

16. Dates Employed _____ Description of Duties _____

Position Held _____

Starting Salary _____

Ending Salary _____

Name and Address of Employer _____

Immediate Supervisor _____

Supervisor's Title _____

17. Dates Employed _____ Description of Duties _____

Position Held _____

Starting Salary _____

Ending Salary _____

Name and Address of Employer _____

Immediate Supervisor _____

Supervisor's Title _____

CERTIFICATION OF APPLICANT -- READ CAREFULLY

I hereby certify that this application contains no misrepresentation 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 investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, I will be dismissed from service, and I will be disqualified from applying in the future for any positions with Page County, Iowa. I further authorize Page County, Iowa to make all necessary and appropriate investigations to verify the information contained herein.

DATE _____ **SIGNATURE OF APPLICANT** _____