

PLYMOUTH COUNTY APPLICATION FOR EMPLOYMENT

"PLYMOUTH COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER"
Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on the application is intended to secure information to be used for such discrimination.

(Please print or type all information except signature.)

Date _____

GENERAL INFORMATION

Position(s) Applied For: _____

Name _____

Address _____

Social Security Number _____

Home Telephone _____

Cell Phone _____

E-mail address _____

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

Are you a United States citizen? Yes No If no, do you have a work permit? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

When are you available for work? _____

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Are you a veteran of the United States military service? Yes No

If yes, please list what branch of service and years of service _____

If yes, did you receive an honorable discharge? Yes No

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS	MAJOR or DEGREE
High School				
College				
Graduate School				
Bus. Or Trade School				
Professional School				

COMPUTER SKILLS

Check off those computers skills with which you are proficient (any version).

- PC Users
 Macintosh User
 Windows
 Microsoft Word
 Microsoft Access
 Microsoft Excel
 Microsoft Publisher
 Web Page Design/Maint.
 E-mail
 Internet
 Other. Please list _____

DRIVER'S LICENSE

Do you have a driver's license? Yes No

Driver's License # _____ State of issue _____

Operator
 Commercial (CDL)
 Chauffeur

Expiration Date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g. fluency in other languages, licenses, specialized training, apprenticeships, or job related military training.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

Employer:	
Address:	
Job Title:	Supervisor:
Dates of Employment: From: To:	Rate of Pay: Starting: Ending:
Work Performed:	
Reason for Leaving:	

Employer:	
Address:	
Job Title:	Supervisor:
Dates of Employment: From: To:	Rate of Pay: Starting: Ending:
Work Performed:	
Reason for Leaving:	

Employer:	
Address:	
Job Title:	Supervisor:
Dates of Employment: From: To:	Rate of Pay: Starting: Ending:
Work Performed:	
Reason for Leaving:	

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

References

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _____

Telephone _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign below.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant

Date

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Thank you for applying to Plymouth County.

**Return application to:
Plymouth County Sheriff
451 14th Ave SE
Le Mars IA 51031**

**PLYMOUTH COUNTY SHERIFF'S OFFICE
451 14TH AVENUE NE
LEMARS, IOWA**

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of Plymouth County, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Plymouth County. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release Plymouth County from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

(Signature of Applicant)

(Date)

Plymouth County is an equal opportunity employer.