

SIOUX COUNTY EMERGENCY MANAGEMENT COMMISSION APPLICATION FOR EMPLOYMENT

"SIOUX COUNTY EMERGENCY MANAGEMENT COMMISSION 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.

THIS IS A FILLABLE FORM. PLEASE TYPE IN THE INFORMATION TO FIT THE SPACES.

GENERAL INFORMATION

Date: _____

Position(s) Applied For: _____

Name _____

Address _____

Home or Cell Phone _____

E-mail address _____

Have you ever filed an application at Sioux County before? Yes No

If yes, give the date _____

Have you ever been employed at Sioux County previously? Yes No

If yes, give date & department _____

Are you currently employed? Yes No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Applicants are subject to background checks.

Employment desired: Full-time Part-Time Temporary

When are you available for work? _____

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

VETERANS PREFERENCE

Chapter 35C, Code of Iowa, provides certain rights, including preference in hiring if equally qualified, to certain veterans of the U.S. Military Service. Qualifications for these rights is defined by the statute.

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

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

Are you a member of the Reserves or National Guard? Yes No

Branch of Service and dates of Active Duty: _____

Any person who may wish to claim a Veterans Preference must submit a copy of a certified form DD214 by the deadline set for the receipt of applications for the position of which the person is applying.

EDUCATION

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | # OF YEARS | MAJOR or DEGREE | CHECK IF GRADUATED |
|----------------------|----------------|----------|------------|-----------------|--------------------|
| High School | | | | | |
| College | | | | | |
| Graduate School | | | | | |
| Bus. Or Trade School | | | | | |
| Professional School | | | | | |

DRIVER'S LICENSE (Only for positions which require driving or travel is required for work or job description.)

Do you have a driver's license? Yes No

Driver's License # _____ State of Issued _____ Expiration Date: _____

Do you have a Commercial Drivers License (CDL)? Yes No If yes, type: _____

CDL Endorsements: _____

Have you had any accidents during the past three (3) years? Yes No How many? _____

Have you had any moving violations during the past three (3) 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.

Can you provide verification for the special skills? Yes No

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: | |
| Work Performed: | |
| | |
| | |
| Reason for Leaving: | |

| | |
|---|--------------------|
| Employer: | |
| Address: | |
| Job Title: | Supervisor: |
| Dates of Employment: From: To: | |
| Work Performed: | |
| | |
| | |
| Reason for Leaving: | |

| | |
|---|--------------------|
| Employer: | |
| Address: | |
| Job Title: | Supervisor: |
| Dates of Employment: From: To: | |
| Work Performed: | |
| | |
| | |
| Reason for Leaving: | |

REFERENCES:

Please list two (2) references other than relatives or previous employers.

| | |
|-----------------|-----------------|
| Name _____ | Name _____ |
| Position _____ | Position _____ |
| Company _____ | Company _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Telephone _____ | Telephone _____ |

Your application will remain confidential unless you agree to disclosure by signing below I agree to allow this application to be subjected to disclosure, check the box and sign next to it.

Signature of applicant Date Signed

Check the box and sign below to give Sioux County the authority to contact any previous employers.

Signature of applicant Date Signed

WAIVERS AND DISCLOSURES

Please read each section carefully sign below and date

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 Signed

This application for employment shall be considered active for a period of time not to exceed 90 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 the Sioux County Emergency Management Commission