

**EMPLOYMENT APPLICATION**

Fill Out Completely. Type or Print In Ink

Winnebago County  
126 S Clark St  
Forest City, IA 50436

Date	Email Address: If available
Position Applied For:	

Name: Last	First	Middle	Social Security No.	Home Phone No.
Address: No. & Street	City	State	Zip Code	Message: Name/Phone Cell Phone No.

**EDUCATION**

Cite Specialized Training Other Than Formal Education On Reverse Side

<b>High School</b>	Name of School	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D.: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address: No. & Street	City	State Zip Code Vocational Program
<b>College</b>	Name of College	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
	Address: No. & Street	City	State Zip Code Major
<b>Other Schools</b>	Name of Institution	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Certificate
	Address: No. & Street	City	State Zip Code Major/Type of Program

**EMPLOYMENT HISTORY**

List **ALL** Positions Held In Reserve Order, Present (or most recent) Job First

<b>Present Job</b> Date of Hire: Mo/Day/Yr.	Name of Employer	Type of business		
	Address: No. & Street	City	State	Zip Code Company Phone No.
Your Position	Nature of Duties			
Final Salary	Supervisors: Name	Title	Reason for Seeking New Employment	
<b>Previous Job</b> Date of Hire: Mo/Day/Yr.	Name of Employer	Type of business		
	Address: No. & Street	City	State	Zip Code Company Phone No.
Your Position	Nature of Duties			
Final Salary	Supervisors: Name	Title	Reason for Seeking New Employment	
<b>Previous Job</b> Date of Hire: Mo/Day/Yr.	Name of Employer	Type of business		
	Address: No. & Street	City	State	Zip Code Company Phone No.
Your Position	Nature of Duties			
Final Salary	Supervisors: Name	Title	Reason for Seeking New Employment	

Continued On Reverse Side

<b>Previous Job</b> Date of Hire: Mo/Day/Yr.	Name of Employer	Type of business		
	Address: No. & Street	City	State	Zip Code
Your Position	Nature of Duties			
Final Salary	Supervisors: Name	Title	Reason for Seeking New Employment	
<b>Previous Job</b> Date of Hire: Mo/Day/Yr.	Name of Employer	Type of business		
	Address: No. & Street	City	State	Zip Code
Your Position	Nature of Duties			
Final Salary	Supervisors: Name	Title	Reason for Seeking New Employment	

**OTHER INFORMATION**

<b>Military</b>	Branch	Rank	Duties
	Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Other (Explain Below)		
<b>Qualifications And Skills</b>	Describe Any Equipment Extensively Operated By You (Office, Construction, Buses, Trucks, Etc.)		
	Current License: <input type="checkbox"/> Driver <input type="checkbox"/> Commercial Driver License <input type="checkbox"/> Chauffer <input type="checkbox"/> None	License Ever Suspended or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	No.: State:	Date:	Reason:
Ever Convicted of A Crime (except minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ever Collected Money or Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates: Offenses:		For Whom:	
List Any Specialized Training, Certificates or Achievements:			
How did you hear about this employment opportunity?			
Do you have any relatives or friends currently employed by the County? <input type="checkbox"/> Yes (List names) <input type="checkbox"/> No			
Have you reviewed the job description or posting for the position sought?			

**REFERENCES**

(List **Three** (Local Area Residents, If Available))

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

**Winnebago County, Iowa Does Not Discriminate On the Basis of Race, Color, National Origin, Sex, Sexual Orientation, Gender Identity, Religion, Age, or Disability in Employment or the Provision of Services.**

*I hereby certify that the answers given and statements made by me on this Employment Application are true & correct & that there are no material omissions. I authorize my present and former employers to give County officials any information regarding me or my performance and release such employers, including their representatives & their companies, from all liability from damage for providing requested information. I understand that should investigation disclose misrepresentation or falsification, I will be dismissed immediately, my application will be rejected and I will be disqualified from making future application with the County.*

*I understand that any employment offered by the County is "employment at will" & I may be terminated for any reason not violative of law (or a collective bargaining agreement where applicable). I understand my driving and any criminal records may be checked and I agree to submit to a pre-employment physical examination at County expense following a conditional offer of employment. I also understand that Winnebago County, Iowa has a strict policy against illegal drug involvement by employees that can result in immediate disqualification or dismissal from employment for any such illicit activities occurring on or off the job. You may be subject to random drug testing. I also understand the County strictly enforces the Iowa Smokefree Air Act and employees violating said Act are subject to discipline, up to and including discharge.*

<b>Read the Above Statement Carefully!</b>	Date	Signature of Applicant
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# Winnebago County

126 S. Clark St

Forest City, IA 50436

Phone: 641-585-3412 Fax: 641-585-9302

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## WAIVER TO RELEASE INFORMATION

I, \_\_\_\_\_, do hereby waive, release, and absolve the Winnebago County Auditor's Office, Winnebago County Sheriff's Office, Winnebago County Correctional Facility, directors, agents, assignees, and other duly authorized personnel thereof, of any and all claims arising out of my participation in or the results of a criminal record check.

**I FULLY UNDERSTAND THAT THIS IS A WAIVER OF LIABILITY AND SIGN SAME OF MY OWN FREE WILL.**

**This information is confidential and will be treated accordingly.**

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Legal signature

Date

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Social Security Number

Date of Birth

Place of Birth

---

Address

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Witness signature

Date