

APPLICATION FOR EMPLOYMENT
Crawford County Assessor's Office

We are an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally-protected status. The County also complies with the applicable veteran's preference requirements. All potential candidates will be expected to complete a drug testing prior to employment.

Please fill out the following application and submit it with a resume to the Crawford County Assessor's Office by Nov 1, 2023.

Last Name	First Name	Middle Name	Telephone Number(s)
Address	City	State	Zip
Position Applying For			Driver's License Number
Position Applying For			Today's Date

Are you at least 18 years of age? Yes No Are you legally able to be employed in the U.S.? Yes No

May we contact your present or past employers? Yes No Are you related to anyone who works for the County? Yes No

Yes No If yes, who, and what is the relationship?

Do you possess a valid Iowa driver's license? Yes No Can you operate a calculator? Yes No

Can you operate a computer? Yes No

Please check the computer programs you are proficient in: Word Excel Access Powerpoint Others: note on back of app

Have you ever been convicted of a crime other than minor traffic violation? Yes No
(A Yes answer does not automatically disqualify you from employment) If yes, please explain:

Are you able, either with or without reasonable accommodations, to perform the functions of the job for which you are applying? Yes No

VETERAN'S PREFERENCE
Are you a U.S. military veteran? Yes No Those wishing to claim veteran's preference must submit Proof of Service (DD-214)

EDUCATION RECORD												
	High School				Undergraduate College/Univ				Graduate School			
School Name and Location												
Years Completed (circle highest grade completed)	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Have you received any additional training-workshops, short courses, volunteer work, etc?												
Do you have any other experience or qualifications not listed which relate to the job applied for? List any office equipment or machines you operate.												

Employment History

Begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. If you need additional space, please continue on a separate sheet of paper.

Present or last employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Current//Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Full time? Yes _____ No _____ Part time: Indicate number of hours per week _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Full time? Yes _____ No _____ Part time: Indicate number of hours per week _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Full time? Yes _____ No _____ Part time: Indicate number of hours per week _____

May we contact your previous supervisor for a reference? YES NO

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

In applying for employment I want the County to be fully informed of my previous record and I hereby authorize the County to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, schools, companies, law enforcement agencies and other organizations or employers from any liability on account of furnishing such information.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the County retains a similar right.

I understand that any withholding of information or misrepresentation on this application or on County medical forms could result in rejection for employment, or if employed, termination from the County.

Signature of Applicant _____

Date _____