

# 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 Examining Board.**

Last Name	First Name	Middle Name	Telephone Number(s)
Address	City	State	Zip
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 ____ 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