

TAMA COUNTY IOWA

APPLICATION FOR EMPLOYMENT



Secondary Road Department
1002 E. 5th Street, Tama, IA

Administration Building
104 W. State Street, Toledo, IA

Sheriff's Office and Jail
100 N. Main Street, Toledo, IA

Completing this application is your first step toward joining a dynamic workforce dedicated to public service.

In order to present the strongest, most accurate record of your qualifications and skills, please read this packet and the job announcement carefully prior to preparing your application.

Tama County is an equal opportunity employer. We consider applicants for all positions without regard to age, race, creed, color, sex (including pregnancy), sexual orientation, gender identity, national origin, religion, disability, genetic information, marital or veteran status, or any other legally protected status.

Instructions for Completing Application

Before Applying

Obtain a copy of the job announcement that you are interested in applying for. Job announcements are available at the department posting the job and/or Tama County website at www.tamacounty.org

Compare your education, experience and physical ability with the requirements listed on the job description. If you meet the requirements, proceed with the application process.

Non-USA Citizens: Resident Aliens & Non-Resident Aliens:
You must provide the proper documents as proof of your legal right to work in the USA with this job application.

Application Tips

When filling out your application

Type or print clearly in ink.

Provide all requested information.

Emphasize your experience and education that relates directly to the requirements of the job.

Submit application (with all requested information) by closing date of position.

Please be advised that because Tama County is a public entity, it is subject to the requirements of Chapter 22, Code of Iowa, regarding the examination of public records, and this Application may be subject to examination under that statute.

Driving Record

Your authorization to allow the County to receive a report of your driving record will also allow the County to continue monitoring your driving record if you are employed. To receive mileage reimbursement for using your personal vehicle on County business, you must have a good driving record.

Now What?

Notification

The Department you applied to will notify you of your application's status as soon as possible after the closing date. Please allow time for the necessary verification of your qualifications.

Testing

If you've met the requirements and a written exam is required, you will receive an exam schedule notice with further instructions.

Exam Assistance

Assistance will be provided to persons of disability whose condition would interfere with taking an exam.

Pre-employment Physical

If you are offered employment, the department may request a physical from your doctor prior to your first day of work. You must take a copy of the job description to your doctor in order for him/her to evaluate your ability to physically perform the essential work

APPLICATION FOR EMPLOYMENT

TAMA COUNTY, IOWA

GENERAL INFORMATION (Please be advised that because Tama County is a public entity, it is subject to the requirements of Chapter 22, Code of Iowa, regarding the examination of public records, and this Application may be subject to examination under that statute).

| | | | |
|----------------------------------------------|--------------------|------------------------------------|----------|
| POSITION APPLIED FOR: (Job title) | COUNTY DEPARTMENT: | | |
| HOW DID YOU LEARN ABOUT US? | DATE: | | |
| LAST NAME | FIRST NAME | MIDDLE | |
| ADDRESS: | CITY | STATE | ZIP CODE |
| HOME TELEPHONE | CELL PHONE | EMAIL ADDRESS | |
| Best time to contact you is: _____ A.M. P.M. | | Preferred method of contact: _____ | |

BACKGROUND INFORMATION

YES NO If you are under 18 years of age, can you provide required proof of your eligibility to work?

YES NO Have you ever filed an application with Tama County before?
If yes, give date and position applied for: _____.

YES NO Have you ever been employed by Tama County before?
If yes, give dates and position held: _____.

YES NO Do any of your friends or relatives, other than spouse, work for Tama County?
If yes, provide name and position or department for each person: _____.

YES NO Are you currently employed?

YES NO May we contact your present employer?

YES NO Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required if an offer of employment is made.*

YES NO Have you ever been discharged or asked to resign from employment?

YES NO Have you ever been convicted of a crime other than a conviction for a minor traffic violation?

YES NO Has your driver's license ever been suspended or revoked?

IF YOU HAVE ANSWERED "YES" TO ANY OF THE FOREGOING QUESTIONS, PLEASE PROVIDE ALL PARTICULARS ON AN ATTACHED SHEET. A "YES" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION OF YOUR APPLICATION OR FROM EMPLOYMENT.

VETERANS PREFERENCE

Chapter 35C of the [Code of Iowa](#) provides certain rights, including preference in hiring if equally qualified, to certain Veterans of United States Military Service. Qualification for these rights is defined in the statute.

Are you a Veteran of the United States Military Service: Yes _____ No _____

Branch of Service and dates of Active Duty: _____

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

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 for which the person is applying.

QUALIFICATIONS

Please read the attached position description for the position of: _____.

Do you know of any reason that you would not be able to perform the essential functions of this position, with or without a reasonable accommodation? Yes No

If you have answered "Yes" to this question, you may provide, on a voluntary basis, information which you believe would help to explain your answer. (You are not required to provide this information at this time):

EMPLOYMENT EXPERIENCE (Start with your present or last employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which would reveal a protected status as identified on Page One of this application).

| | | | | |
|--------------------|------------|--------------------|-------|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Numbers | | Hourly Rate/Salary | | |
| | | Start | Final | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Numbers | | Hourly Rate/Salary | | |
| | | Start | Final | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Numbers | | Hourly Rate/Salary | | |
| | | Start | Final | |
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| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Numbers | | Hourly Rate/Salary | | |
| | | Start | Final | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

EDUCATION

Circle highest year of education completed

1 2 3 4 5 6 7 8 9 10 11 12

High School graduate or equivalent (GED)?

Yes No

13 14 15 16 _____ (other)

Name and Location of Schools Attended or Vocational Training Obtained Beyond High School Degree/Certification

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD*You may exclude membership which would reveal a protected status as identified on Page One of this application.***REFERENCES**

Name _____

Address _____

Relationship _____

Phone _____

Name _____

Address _____

Relationship _____

Phone _____

Name _____

Address _____

Relationship _____

Phone _____

ADDITIONAL INFORMATION State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

I authorize Tama County to conduct a check of the status of my driver's license and my driving record and agree to sign an authorization for this specific purpose.

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Tama County is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Tama County.

I understand that any offer of employment that is extended to me is considered to be a conditional offer and is subject to successful completion of all background checks. Identifying information such as my social security number and driver's license number will be requested at the post-offer, pre-employment stage.

In the event of employment, I understand that false or misleading information given in my Application or interview(s) may result in discharge, also, that I am required to abide by all rules and regulations of the Employer.

I agree to give Tama County permission to complete appropriate background checks, and agree to sign permission/authorization documents so that this can be accomplished. Yes No

Signature of Applicant

Date

FOR DEPARTMENT USE ONLY

Arrange Interview? Yes No

Remarks

Interviewer

 Date

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION CONTAINED IN MOTOR
VEHICLE/DRIVING RECORD**

I hereby give my full and complete authorization and express written consent for the release of personal information contained in my motor vehicle/driving record. This authorization is given in connection with either my application for employment with or my ongoing employment with Tama County, Iowa. This authorization is being given with the understanding that Tama County, Iowa, either as a part of my application for employment or my ongoing employment, will obtain and evaluate my personal motor vehicle/driving record as a part of the County's practice to evaluate this information for the purpose of determining insurability and other insurance matters. I further understand that this information will be provided to the Consultant to the Heartland Insurance Risk Pool for the purpose of evaluation.

This authorization is given pursuant to the provisions of 18 United States Code, Section 2721, et. seq. and Section 321.11, Code of Iowa. Copies of these two provisions may be obtained by me upon my request to the Tama County Insurance Coordinator.

Dates this _____ day of _____, 20____.

Signature of Applicant/Employee

Name as it appears on Driver's License

Driver's License Number/State of Issuance

Date of Birth

Insurance Coordinator for Tama County, Iowa

2/2019