

EMPLOYMENT APPLICATION

Lyon County | 315 1st Ave, Suite 100 | Rock Rapids, IA 51246
(P) (712) 472-8230

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For _____ Date of Application _____

How did you learn about us?

Advertisement Friend Walk-In Employment Agency Relative Other _____

Applicant Name _____

First

Last

Middle

Address _____ City _____ State _____ Zip Code _____

Phone(s) _____ Social Security Number _____ | _____ | _____

If you are under 18 years of ages, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No If Yes, give date _____

Have you ever been employed with us before?

Yes No If Yes, give date _____

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 upon employment.

Yes No

On what date would you be available for work? _____

Are you available to work:

Full-time Part-time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

We are an equal opportunity employer

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Education

Elementary School

Name/Location _____ # Of Years _____ Diploma/Degree _____

High School

Name/Location _____ # Of Years _____ Diploma/Degree _____

Describe Course of Study _____

Undergraduate College/University

Name/Location _____ # Of Years _____ Diploma/Degree _____

Describe Course of Study _____

Graduate/Professional

Name/Location _____ # Of Years _____ Diploma/Degree _____

Describe Course of Study _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any honors you have received:

State any additional information you feel may be helpful to us in considering your application:

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Have you ever had any job-related training in the United States military? Yes No

If yes, please describe:

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Start 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, handicap or other protected status.

Employer _____

Address _____ Phone(s) _____

Job Title _____ Supervisor _____

Reason for Leaving _____

Work Performed:

Hourly Rate/Salary: Starting _____ Final _____ Length of Service _____

Employer _____

Address _____ Phone(s) _____

Job Title _____ Supervisor _____

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Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

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

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

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 the time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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

Signature of Applicant

Date _____