Lyon County | 1305 Avenue | Rock Rapids, IA 51246 (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 P	RINT		
Position(s) Applied For			Date of	of Application
How did you learn about us?				
🗆 Advertisement 🗆 Friend 🗆 Walk-In 🗆 Emplo	yment Ag	gency 🛛 Rela	tive 🗌 Other	
Applicant Name				
First		Last		Middle
Address				
Phone(s)		Social Securit	y Number 🔜	
If you are under 18 years of ages, can you provide rec Yes No	quired pro	oof of your eligi	oility to work?	
Have you ever filed an application with us before?				
Have you ever been employed with us before?				
Are you currently employed?				
May we contact your present employer?				
Are you prevented from lawfully becoming employe Proof of citizenship or immigration status will be red Yes INO				nigration Status?
On what date would you be available for work?				
Are you available to work:	oorary			
Are you currently on "lay-off" status and subject to re	ecall?			
Can you travel if a job requires it?				

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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 a	and extra-curricular acti	vities:
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?

#### **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	
Reason for Leaving			
Work Performed:			
Hourly Rate/Salary: Starting	Final	Length of Service	
Employer			
Address		Phone(s)	
Job Title		Supervisor	
Reason for Leaving			
Work Performed:			
		Length of Service	

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Employer			
Address	Phone(s)		
Job Title	_ Supervisor		
Reason for Leaving			
Work Performed:			
Hourly Rate/Salary: Starting Final	Length of Service		

#### 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 a 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 affect 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.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant