

APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete each page of the application. If more space is needed to complete any question, use a separate sheet of paper. An incomplete application may delay processing. Print clearly, illegible applications will not be processed.

All qualified applicants will receive consideration without discrimination because of race, creed, religion, color, sex, age, national origin, or disability. All qualified applicants with a disability that may impact the essential functions of the position sought must notify the interviewer if a reasonable accommodation may be necessary.

Personal Information

Date ____/____/____ Position you are applying for: _____

Name _____ Social Security Number ____ - ____ - ____
Last First M.I.

Address _____
Street Apt. # City State Zip

Home Telephone # () _____ Cell Phone # () _____ E-Mail _____

Do you have a legal right to work in the United States full-time? { } Yes { } No

Are you 18 years of age or older? { } Yes { } No

Have you ever been convicted of a misdemeanor or felony? (For purposes of this question, "convicted" includes found guilty, plead guilty, plead no contest, or been given a deferred sentence or judgment.) { } Yes { } No

If yes, please explain _____

(Note: A conviction will not automatically disqualify an applicant for a particular job. The type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.)

Veteran's Preference

Are you a US Veteran? { } Yes { } No Dates of active service _____
From To

Iowa residents who served in the United States Armed Forces during the following periods of conflict and were honorably discharged are eligible to receive veterans preference points: 12-7-41 to 12-31-46, 6-25-50 to 1-31-55, 8-5-64 to 5-7-75, and the Persian Gulf Conflict beginning 8-2-90. **If you believe you are eligible for veterans preference consideration, please include a copy of your DD214 and, if applicable, proof of service connected disability.**

Job Description

- Yes No Have you been given a copy of the job description or had the requirements of the job explained to you?
 Yes No Do you understand the requirements?
 Yes No Can you perform the requirements of this job with or without a reasonable accommodation?
 Yes No If the job requires, do you have the appropriate valid driver's license?
 Driver's License # _____ Type _____ State _____
 Yes No Have you had any vehicular moving violations in the past 10 years? If yes, please describe _____

Education/Training/Skills

Do you have a High School Diploma or GED? Yes No

EDUCATION	NAME AND ADDRESS OF SCHOOL	YEAR GRADUATED	COURSE OF STUDY MAJOR/MINOR	DIPLOMA/DEGREE AWARDED
High School				
College/Trade School				
College/Trade School				
College/Trade School				
Other Training				

List any special training, seminars, etc. which you have attended which relate to the position for which you are applying.

List any certifications and/or licenses you possess which are required for the position you are applying. Include any other related certifications and/or licenses you feel are relevant.

List any professional/trade organizations that you are a member of which are related to the position you are applying. You may omit those organizations which may indicate race, religion, etc.

List any equipment and/or machinery, related to the position you are applying, which you are able to operate (office equipment, back hoe, end loader, etc.)

Employment History

List current and past employers. Account for any time period that you were unemployed by stating the nature of your activities. Use a separate sheet of paper if necessary. You may submit a resume to supplement the information you provide below. However, you must fill out this section completely. **WRITING "SEE RESUME" IS NOT ACCEPTABLE.**

Most Recent Employer	Address		Telephone #
	City	State	()
From	To	Starting Position	Ending Position
Month/Year	Month/Year		Ending Salary
			\$
Name and Title of Supervisor		Description of Duties:	
Reason for Leaving:			
May we contact your present employer? { } Yes { } No			
Previous Employer	Address		Telephone #
	City	State	()
From	To	Starting Position	Ending Position
Month/Year	Month/Year		Ending Salary
			\$
Name and Title of Supervisor		Description of Duties:	
Reason for Leaving:			
Previous Employer	Address		Telephone #
	City	State	()
From	To	Starting Position	Ending Position
Month/Year	Month/Year		Ending Salary
			\$
Name and Title of Supervisor		Description of Duties:	
Reason for Leaving:			
Previous Employer	Address		Telephone #
	City	State	()
From	To	Starting Position	Ending Position
Month/Year	Month/Year		Ending Salary
			\$
Name and Title of Supervisor		Description of Duties:	
Reason for Leaving:			

References

List name and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Organization	Address
Title	Phone Number ()	City, State, Zip

Name	Organization	Address
Title	Phone Number ()	City, State, Zip

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Title	Phone Number ()	City, State, Zip

Statement of Understanding

Completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

Giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.

I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the NIACOG at the post-offer stage.

The use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post offer pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol or drug screening according to state law.

If I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

This application will be considered only for the position I am applying for; if I wish to be considered for other positions, I must submit a new application for each position.

This employment application and any other employee-related documents are not contracts of employment; and that this organization follows an "employment at will" policy that an individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time and for any reason, except as may be required by law.

Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I agree to be responsible for public property and equipment issued to me by the NIACOG until returned by me. I agree to pay for property and equipment not returned and authorize the NIACOG to withhold an amount equal to value of property not returned by me from my final pay.

Signature of Applicant

Date

Authorization to Release Information

I authorize the North Iowa Area Council of Governments to make a complete investigation of me, including but not limited to, my past employment, history, medical history, scholastic record, criminal activity, motor vehicle driving records, workers' compensation history, and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer-reporting agency that includes information as to my character, general reputation, and personal characteristics. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make written request to this organization, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

Applicant Name: _____
Print

Signature of Applicant _____ Date ____/____/____