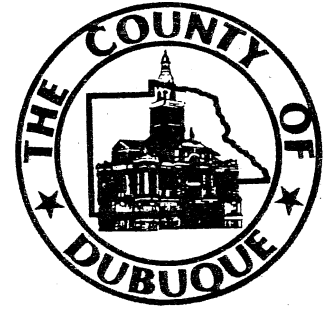


APPLICATION FOR EMPLOYMENT DUBUQUE COUNTY, IOWA



GENERAL INFORMATION:

- Complete this application in detail.
- Resumes may be added but cannot be substituted for a fully completed application.
- Filing an application does not imply that you will be interviewed or hired but that your qualifications will be considered for vacancies indicated.
- Dubuque County is an equal opportunity employer. Qualified applicants are eligible to compete for positions without regard to race, color, national origin, sex, creed, religion, age, mental or physical disability, marital status or sexual preference.

PERSONAL INFORMATION

POSITION FOR WHICH YOU ARE APPLYING: _____

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Phone Number

EDUCATION AND TRAINING

School Name: _____

School Type (i.e. college): _____

Dates: _____ to _____

Location: _____

Did you graduate? ____ Yes ____ No

Degree Received: _____

Major _____

School Name: _____

School Type (i.e. college): _____

Dates: _____ to _____

Location: _____

Did you graduate? ____ Yes ____ No

Degree Received: _____

Major _____

List any special training (vocational schools, short courses, workshops, etc.): _____

If the job announcement requires the operation of specific machinery or special skills, list those at which you are competent: _____

List any professional licenses you hold: _____

List computer programs you are familiar with: _____

If applying for a position that requires driving, do you have a valid appropriate driver's license? Yes No

If yes, please give license number _____

You will be expected to provide evidence of appropriate driver's license, subject to validation, prior to employment.

EMPLOYMENT RECORD

Please begin with your present or most recent employer.

Dates employed: _____

Position held: _____

Name and address of employer: _____

Immediate supervisor name and title: _____

Description of duties: _____

Reason for leaving: _____

May Dubuque County contact this employer? Yes No

Dates employed: _____

Position held: _____

Name and address of employer: _____

Immediate supervisor name and title: _____

Description of duties: _____

Reason for leaving: _____

May Dubuque County contact this employer? Yes No

Dates employed: _____

Position held: _____

Name and address of employer: _____

Immediate supervisor name and title: _____

Description of duties: _____

Reason for leaving: _____

May Dubuque County contact this employer? Yes No

Name any relative in the County's employ: _____

Are you a U.S. veteran? Yes No

Have you ever been convicted of a felony? Yes No

If yes to the above question, please explain. A conviction does not automatically disqualify you for employment.

REFERENCES

NAME

E-MAIL ADDRESS

TELEPHONE NUMBER

AUTHORIZATION AND RELEASE

I hereby certify that every statement I have made in this application is true and complete. I understand that intentional false statements made on this application will eliminate me from further consideration for employment or will be grounds of dismissal. I authorize the Dubuque County and all my previous employers to conduct or participate in an investigation of my personal background, work history, educational credentials and criminal record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

Signature of Applicant _____

Date _____