

APPLICATION FOR EMPLOYMENT
WORTH COUNTY, IA
(Print neatly and complete all blanks)

Worth County is an Equal Opportunity Employer

PERSONAL

Full Name: _____
 First Middle Initial Last

Current Address: _____
 Number Street City State Zip

Telephone Number: _ () _____ **Social Security Number:** _____

Are you 18 years of age or older? Yes No Are you a military Veteran? Yes No
Are you legally able to work in If Yes, Dates of
the United States? Yes No Active Duty: _____ to _____

Have you ever been known by any other name(s) that the county will require to verify any of the information on this application?

EMPLOYMENT DESIRED

Job Title: _____ **Date you can start:** _____ **Wage Desired:** _____

EDUCATION

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

Name of last school attended: _____ **City:** _____ **State:** _____

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.): _____

WORTH CO. PUBLIC HEALTH
& HOMEMAKER SERVICE
95 9th Street North
Northwood, IA 50459

EMPLOYMENT HISTORY

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ **Job Title:** _____

Address: _____
Number Street City State Zip

Start Date: ____ / ____ / ____ **End Date:** ____ / ____ / ____ **Rate of Pay:** _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ **Job Title:** _____

Address: _____
Number Street City State Zip

Start Date: ____ / ____ / ____ **End Date:** ____ / ____ / ____ **Rate of Pay:** _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ **Job Title:** _____

Address: _____
Number Street City State Zip

Start Date: ____ / ____ / ____ **End Date:** ____ / ____ / ____ **Rate of Pay:** _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact your former employers to verify this information? The law prohibits discrimination in hiring due to age, race, color, creed,
Yes No

May we contact your present employer? Yes No sex, national origin, religion, or disability.

Please provide any additional information about your abilities or interests that makes you a good candidate for this position: _____

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.

Signature: _____ **Date:** _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you available to work: Full time Part time Shift work Temporary

Can you travel if a job requires it? Yes No

Indicate any foreign languages you can speak, read and/or write

Speak:

Read:

Write:

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

1. _____

2. _____

3. _____

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

Drivers License Class _____

State of Issuance and # _____

NOTES: Transit Driver Applications:

Special Requirements: Federal regulations require pre-employment and employment testing for drugs and alcohol for anyone in a safety-sensitive function (driving, ready-to-drive, or being immediately available to drive as an employment responsibility).

APPLICANTS'S AUTHORIZATION FOR RELEASE OF INFORMATION

(Please read carefully before signing)

I hereby authorize the above-named individuals/institutions to furnish Worth County Public Health with information concerning my service or schooling, my reasons for having employment, together with any and all information concerning me whether on record or not. I understand the information may be shared with any local board of health which is considering me for employment. I agree to release and hold harmless the above-named individuals/institutions from liability for any damages whatsoever for issuing such information.

I acknowledge and authorize the usage of Xerox copies of this release, to be the same as the original, when submitted to the above-named individuals/institutions.

Dated _____

Signature _____

Witnessed _____