

**APPLICATION FOR EMPLOYMENT**  
Wright County, Iowa

We are an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, sexual orientation, gender identity, or any other legally protected status. The County also complies with applicable Veteran's preference requirements.

Last Name	First Name	Middle Name	Telephone Number (s)
Address	City	State	Zip
Position Applying For		Today's Date	

Are you at least 18 years of age? Yes _____ No _____	Are you legally able to be employed in the U.S.? Yes _____ No _____
May we contact your present or past employers? Yes _____ No _____	Are you related to anyone who works for the County? Yes _____ No _____ If yes, who, and what is the relationship? _____
Are you able, either with or without reasonable accommodations, to perform the functions of the job for which you are applying? Yes _____ No _____	
<b>VETERAN'S PREFERENCE</b> Are you an U.S. Veteran? Yes _____ No _____ Those wishing to claim Veteran's preference must submit Proof of Service (DD 214)	

(Information used to conduct background investigation only)	Date of Birth: _____ Month Day Year
Social Security Number: _____	
Do you have a record of founded child abuse or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain: _____ _____	
If an applicant has been convicted of a crime under a law of any state or has a record of founded child or dependent adult abuse, the Iowa Department of Human Services shall perform an evaluation to determine whether the crime or founded child or dependent adult abuse warrants prohibition of employment with Wright County.	

If required for the position, please answer the following questions:			
Do you possess a valid Iowa driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you use a typewriter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess a valid Iowa commercial driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you use a computer keyboard?	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which Indicate sex, race, color, religion, gender, national origin, disability, sexual orientation, gender identity, marital status, or other protected status. If you need additional space, please continue on a separate sheet of paper.

1. Present or last employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ Full time? Yes \_\_\_\_ No \_\_\_\_  
Your Title \_\_\_\_\_ Department \_\_\_\_\_ Part-time: Indicate % or no. of hours \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Present or last employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ Full time? Yes \_\_\_\_ No \_\_\_\_  
Your Title \_\_\_\_\_ Department \_\_\_\_\_ Part-time: Indicate % or no. of hours \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Present or last employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ Full time? Yes \_\_\_\_ No \_\_\_\_  
Your Title \_\_\_\_\_ Department \_\_\_\_\_ Part-time: Indicate % or no. of hours \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

4. Present or last employer \_\_\_\_\_ Date Employed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Separated \_\_\_\_\_  
Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ Full time? Yes \_\_\_\_ No \_\_\_\_  
Your Title \_\_\_\_\_ Department \_\_\_\_\_ Part-time: Indicate % or no. of hours \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**EDUCATION RECORD**

	Elementary School	High School	Undergraduate College/Univ.	Graduate
School Name and Location				
Years Complete (circle the highest grade completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

Have you received any additional training-workshops, short courses, volunteer work, etc?

Do you have any other experience or qualifications not listed which relate to the job applied for? List any office equipment or machines or equipment you operate.

Please indicate in the space below and on additional blank sheets, if necessary, such experience, training, skills or ability that you believe will qualify you for the position for which this application is being filed.

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**Applicant's Statement**

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

In applying for employment I want the County to be fully informed of my previous record and I hereby authorize the County to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, schools, companies, law enforcement agencies and other organizations or employers from any liability on account of furnishing such information.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the County retains a similar right except as otherwise provided by law or modified by contract. I understand that if hired I may be required to take and pass a physical exam and/or drug test prior to starting work.

I understand that any withholding of information or misrepresentation on this application or on County medical forms could result in rejection for employment, or if employed, termination from the County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please be certain you have completed all 3 pages of this application form.