



An Equal Opportunity Employer
 Polk County is a Drug Free Workforce
 APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

Please answer every question. Use INK, PRINT PLAINLY.

EMPLOYMENT DESIRED

Full-time Part-time Temporary

Position or Type of Work Desired _____

Are you willing to work: Shifts? Saturdays? Sundays? Holidays? Overtime?

PERSONAL INFORMATION

Your Name: _____

Mailing Address _____

City _____ County _____

State _____ Zip Code _____

Home Phone (____) _____ Business Phone (____) _____

Fax Number (____) _____ E-mail Address _____

EDUCATION

High School (Name) _____ Location _____

Diploma Other (Specify) _____ Highest Grade Completed _____

College Graduate? Yes No If no, give total credit received _____

Your Name While Attending School, If Different _____

Give name & address of school, major course of study, and degree received.

Undergraduate College/University _____ Graduate School _____

Degree _____ Degree _____

Pertinent Undergraduate Courses Credits Pertinent Graduate Courses Credit

Job-Related Training And Course Work

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency.)

Military Service Record

Have you served in the Armed Forces of the United States? Yes No

Branch of Service _____ Highest Rank Held _____

Rank at Discharge _____ Type of Discharge _____

WORK EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. **A resume may be attached, but not substituted for completing this section.**

1. Name of Present or Last Employer _____

Address _____ :Phone () _____

Job Title _____

Number Supervised _____ Supervisor's Name _____

From ____/____/____, To ____/____/____, Hours per Week _____

Beginning Salary _____ Ending Salary _____ May we contact this employer? Y N

Job Duties (give details)

Reason for Leaving

2. Your Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Number Supervised _____ Supervisor's Name _____

From ____/____/____, To ____/____/____, Hours per Week _____

Beginning Salary _____ Ending Salary _____ May we contact this employer? Y N

Job Duties (give details)

Reason for Leaving

3. Your Next Most Recent Employer _____.

Address _____, Phone () _____.

Job Title _____.

Number Supervised _____, Supervisor's Name _____.

From ____/____/____, To ____/____/____, Hours per Week _____.

Beginning Salary _____, Ending Salary _____, May we contact this employer? Y N

Job Duties (give details)

Reason for Leaving

4. Your Next Most Recent Employer _____.

Address _____, Phone () _____.

Job Title _____.

Number Supervised _____, Supervisor's Name _____.

From ____/____/____, To ____/____/____, Hours per Week _____.

Beginning Salary _____, Ending Salary _____, May we contact this employer? Y N

Job Duties (give details)

Reason for Leaving

Do you possess a valid driver's license? Y N _____
(State)

Class: A B C D E F M G

Do you have any relatives employed with Polk County? If yes, please provide names below:

Name _____, Relation _____, Location _____

Name _____, Relation _____, Location _____

Have you ever been convicted of a criminal offense? Y N

Note: Omit minor vehicle violations. List all convictions, pleas of no contest of or to any criminal offenses.

Conviction of a criminal offense is not a bar to employment in all cases*. Each conviction is evaluated individually.

* Unless applicant is applying for employment with Sheriff Departments.

If yes, please list conviction(s) _____

Where convicted	Date	Disposition/Status
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Have you ever been terminated or forced to resign from any job? Y N
If yes, explain _____

Are you legally authorized to work in the United States? Y N

Give the names of two people, not relatives, who are familiar with your work.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Polk County Government is an Equal Opportunity Employer. No question on this application is asked for the purpose of limiting or excluding a qualified applicant's consideration for employment based upon his or her race, color, religion, sex, age, national origin, disability, or veteran status.

Polk County Government is a participant of E-Verify (ID Number: 154185) as mandated by federal and state law. In the event an offer of employment is made with Polk County, it will be necessary that the applicant provide unexpired, original document(s) that establish both identity and employment authorization. A list of acceptable documents can be found on the Department of Homeland Security Form I-9.

Employment with Polk County Government is at-will and nothing contained in this application or in the County's policies creates a contract of employment. In the event an offer of employment is made with Polk County, the applicant will have the right to terminate his or her employment at any time, with or without notice and with or without cause. Polk County Government reserves the same rights.

In the event an offer of employment is made, the following requirements must be met:

- Pass the required background check for an applicant's position;
- Pass the required Pre-Employment Drug Test and Physical;
- Pass the required Psychological Evaluation for any Law Enforcement position;
- Pass the required Driver's History check.

Any applicant who is offered a position with Polk County will be required to complete a probationary period of not less than six months.

Authority to Release Information: By my signature, I consent to the release of information to authorized management and/or employees of Polk County Government, which may include but not be limited to information concerning my past and present work, including official personnel files, attendance records, evaluations, educational records and transcripts, military service, law enforcement records, and/or any personnel records deemed necessary. In addition, I consent to authorization of appropriate management and/or employees of Polk County to make inquiries of third parties such as credit bureaus. I further release the organization, education entity, present and past employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any injury or response given to such inquiries made in connection with my application for employment.

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this application are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

I further understand that this application will remain active and on file for a maximum of six months.

Applicant's Signature: _____ Date: _____
