



**APPLICATION FOR EMPLOYMENT**

**SEND TO: GOVERNANCE BOARD SECRETARY,**

**SUE DUHN**

**[SDUHN@DICKINSONCOUNTYIOWA.GOV](mailto:SDUHN@DICKINSONCOUNTYIOWA.GOV)**

			Application Date	
Last Name	First	Middle	Social Security Number	
Street Address/Apt. Number		City	State	Zip
Home Phone		Alternate Phone		
Email Address		Have you previously worked under another name(s)? If so, where, when? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name(s)		
When will you be available for employment?		Starting salary expected?		
<b>EDUCATION</b>				
Name & Location of Colleges/Universities Attended	Course Study  Degree: Major Field	Graduated  Yes/No	Date	
Please list experience, skills, and qualifications which may relate to the job for which you are applying. Include computer software and hardware knowledge and office machines operated.				
<b>MILITARY</b>				
Dates of Services	Branch	Final Rank		
List kind of work performed and training received while in the Military.				

## PROFESSIONAL LICENSES AND/OR CERTIFICATES

Type	License/Cert. Number	State Issued	Expiration Date

### EMPLOYMENT

Give a complete record of all employment for the past ten years and reasons for periods unemployed. Include both paid and volunteer work, military service, etc. Start with present or most recent employer. This section must be completed fully even if you submit a resume.

May we contact your present employer for references?  Yes  No If no, please explain.

1.	Company Name	Telephone
	Address	Employed From (Month and Year)
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
2.	Company Name	Telephone
	Address	Employed From (Month and Year)
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

3.	Company Name	Telephone
	Address	Employed From (Month and Year)
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
4.	Company Name	Telephone
	Address	Employed From (Month and Year)
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

<b>ADDITIONAL REFERENCES</b>	Give name (s) of person(s) familiar with your current abilities who we may contact for a reference. Please do not list relatives.
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1.	Name	Relationship to Applicant	Organization
	Telephone	Home Work	Address
2.	Name	Relationship to Applicant	Organization
	Telephone	Home Work	Address

Have you been discharged from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list employer, dates, reason and explanation-

Have you been convicted of a crime within the last 10 years, or do you currently have a charge pending for any felony, misdemeanor or other criminal offense excluding minor traffic violations?

Yes  No If yes, explain and give dates.

### **ABUSE REGISTRY AND CRIMINAL HISTORY WAIVER**

I hereby give permission for the Sioux Rivers Mental Health and Disabilities Services Region to conduct a child and/or dependent adult abuse check and an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released and I understand that it will be used by the requetor only for licensing / employment or volunteer purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **CITIZENSHIP**

Within three days after employment, you will be required by IRCA guidelines to prove your citizenship or eligiblity as an alien. Are you a United States citizen or do you have papers from the United States Government permitting you to work?

Yes  No

