



APPLICATION FOR EMPLOYMENT

SEND TO: CHIEF ADMINISTRATIVE OFFICER,
SUE DUHN

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?	
EDUCATION			
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.			
MILITARY			
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

ADDITIONAL REFERENCES	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

SIGNATURE

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be hired; or if hired, I may be discharged.

I authorize the employer to investigate all statements contained in this application for employment to include criminal, child and/or dependent adult abuse information as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

I authorize my prior employers, references, and others with information regarding my work, education history or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by Sioux Rivers Mental Health and Disabilities Region.

I also understand that if an offer of employment is made, the offer is conditioned upon receipt of satisfactory employment references, acceptable criminal/abuse background information, and favorable health evaluation, which includes a physical examination.

Applicant

Date

It is the policy of Sioux Rivers Mental Health and Disabilities Services Region, an Equal Opportunity and Affirmative Action Employer, that all persons employed will be treated without regard to race, color, religion, qualified disability, sex, age or national origin, except where these categories are a bonafide occupation qualification.

FOR OFFICE USE ONLY

Date of Hire:

Position:

Rate: