

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, 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	
Soc. Sec. Number (optional)			

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? _____
Have you ever been convicted of a crime other than minor traffic violation? Yes _____ No _____ (A Yes answer does not automatically disqualify you from employment) If yes, please explain	
Are you able, either with or without reasonable accommodations, to safely perform the essential functions of the job for which you are applying? Yes _____ No _____	

**VETERAN'S PREFERENCE**

Are you a U.S. military veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please attach Proof of Service (DD 214) to this application form.

**For Law Enforcement Applicants Only** Date of Birth \_\_\_\_\_  
 (information used to conduct background investigation only) Month      Day      Year

EDUCATION RECORD																	
School Name and Location	Elementary School				High School				Undergraduate College/Univ.				Graduate				
Years Completed (circle 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 - work shops, 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.																	

## 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 race, color, religion, gender, national origin, disability 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. 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. 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. 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: \_\_\_\_\_



# Keokuk County Public Health

101 S. Main ~ Courthouse ~ Sigourney, Iowa 52591  
Phone 515-622-3575 ~ Fax 515-622-1052 ~ Email kchealth@lisco.net

## *References for Employment with the Keokuk County Board of Health*

Please submit the name, position, address, and telephone number of three (3) individuals who know you in a professional capacity, such as employers, college or school faculty, and administrators or managers.

1.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

2.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

3.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

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### *Applicant's Authorization for Release of Information*

*Please read carefully before signing*

I hereby authorize the above named individuals/institutions to furnish the Keokuk County Board of Health and their representatives with information concerning my education and experience, my reasons for leaving employment, together with any and all information concerning me whether on record or not. 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 copies of this release to be the same as the original when submitted to the above named individuals/institutions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witnessed

\_\_\_\_\_  
Maiden or Previous Names

**IOWA HEALTH CARE FACILITY (135C) RECORD CHECK  
Form C**

ACCOUNT NUMBER \_\_\_\_\_

**TO:** Iowa Division of Criminal Investigation    **FROM:** \_\_\_\_\_  
Bureau of Identification  
Wallace State Office Building  
Des Moines, Iowa 50319  
(515) 281-5138  
(515) 242-6876 (fax)

Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

I am requesting an Iowa Criminal History Check on:

(TYPE/PRINT LEGIBLY)

**REQUEST**

\_\_\_\_\_  
Last Name  
(mandatory)

\_\_\_\_\_  
First Name  
(mandatory)

\_\_\_\_\_  
Middle Name  
(recommended)

\_\_\_\_\_  
Date of Birth  
(mandatory)

\_\_\_\_\_  
Sex  
(mandatory)

\_\_\_\_\_  
Social Security Number  
(mandatory)

\_\_\_\_\_  
Signature of Requester

*There is a separate Form "C" required for each last name submitted*

(DCI Use Only)

**RESULTS**

As of \_\_\_\_\_, a Name and date of birth check revealed:

**CCH record Attached**   

**No CCH Record**   

DCI initials \_\_\_\_\_

**WAIVER**

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date