MADISON COUNTY Application for Employment

Madison County Conservation Board PO Box 129 Winterset, IA 50273

Madison County is an equal opportunity employer. We consider applications without regard to race, religion, creed, color, national origin, sex, age, disability or any other legally protected status. The County recruits, hires, trains and promotes individuals based upon their qualifications and ability or potential to do the job and considers protected status only when such is a bona fide occupational qualification. The County also complies with applicable veteran's preference requirements.

<u>PLEASE TYPE OR PRINT</u>. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid information will not be considered for any position.

Position Applying For: Nam		Name (me (Last, First, Middle):					
Street Address:				City, State & Zip:				
Cell Phone:	Other Phone:	Email Address:			Other names under which you have attended school or been employed:			
Are you eligible to work in the United Yes N States?								
If hired, can you submit verification of your legal right to work in the U.S.?			Yes] No	Proof of citizenship or immigration status will be required upon employment.			
Any honorably discharged veteran as defined in the Code of Iowa shall be entitled to preference in appointment, employment and promotion over other applicants of no greater qualifications. Those wishing to claim veteran's preference MUST SUBMIT PROOF OF SERVICE (DD214) which includes dates of active duty.								
Are you a U.S.			Yes [No	Dates of Active Duty (from/to)			
Are you a member of the Reserves or National Guard?			Yes] No				
Have you ever filed an application with Madison County?			Yes [] No	If YES, list date and position applied for.			
Have you ever been employed by Madison County			Yes	No	If YES, dates of employment & reason for leaving:			
Are you related to any current employee of Madison County			☐Yes ☐	No	If YES, their name & their relationship to you?			
Do you have a valid driver's license? Do you have a valid CDL?		Yes Yes	No No	If NO, indicate the reason				
On what basis are you available for employment with Madison County?								
FOR OFFICE USE ONLY – DO NOT FILL IN ANY AREAS IN THIS SECTION								
Application Received								
Application Reviewed by								
Application meets or exceeds minimum qualifications for position YesNO								
If No, explain								

the functions of the job, please ask to ICATION	he interviewer BEFORI	E answering this que	estion.) Yes	S No	
Name of School	City/State	Did you graduate?	Degree received	Major	
High School:		Yes No	10001100		
GED:		Yes No			
Other School:		Yes No			
College:		Yes No			
College:		Yes No			
College:		Yes No			
Other credentials/ licenses/ profession ist your knowledge and experience i					

WORK EXPERIENCE-Please detail your entire work history on the next page. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume." PLEASE NOTE: Madison County reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	Full time Part-time	Title:	
1000.			
Starting Salary:	If part-time, # hrs./wk: Organization Name and Address:		
Final Salary:			
Supervisor's Name- Title-Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	
Dates Employed		Title:	
From: To	Full time Part-time		
	If part-time, # hrs./wk:		
Starting Salary:	Organization Name and Address:		
Final Salary:			
Supervisor's Name- Title-Phone #:	Other Reference Name, Title and Phone #:	Contact my current references:	
		At any time Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	
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	_	Title:	
	☐Full time ☐ Part-time If part-time, # hrs./wk: ☐ Organization Name and Address:	Title:	
From: To	If part-time, # hrs./wk:	Title:	
From: To Starting Salary:	If part-time, # hrs./wk:	Title: Contact my current references:	
From: To Starting Salary: Final Salary:	If part-time, # hrs./wk: Organization Name and Address:	Contact my current references: At any time	
From: To Starting Salary: Final Salary:	If part-time, # hrs./wk: Organization Name and Address:	Contact my current references:	
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PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Madison County to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Madison County serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off.

Applicant Signature:	Date: