Mahaska County EMA Employment Application

ientation, gender iden atus or characteristic.	,,	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	regeny presente	
Last Name	1	First Name		Middle Name	
Address	Street	City	State	ZIP Code	
Telephone	Cell Phone				
Email Address					
Ple	ase be sure to answer	r all items complet	ely and accura	tely.	
Type of work you wou	ıld accept: ☐ Full time	☐ Part time ☐ Sun	nmer 🔲 Tempo	orary	
What date would you	be available for work?				
Have you ever filed a	n application with Mahaska	County before?	es 🗌 No If yes, M	onth/Year	
Have you ever been	employed with Mahaska Cou	unty before? ☐Yes	□No		
If yes, in what capaci	ty?	F	rom	To	
Reason for leaving? -					
What is the minimum	salary that you would accep	ot?			
Would you be willing	to work overtime if required?	? ☐ Yes ☐ No			
Would you be willing to relocate if required? ☐ Yes ☐ No					
Would you be willing to travel if required? ☐ Yes ☐ No					
Do you have any rela	tives, including in-laws, curre	ently employed by Mah	aska County? 🔲 ነ	∕es No □	
If yes, state the name	e, relationship and departme	nt in which they are em	ployed.		
Are you legally eligibl	e to be employed in the U.S	.? ☐ Yes ☐ No Proof	of identity and eligibility wil	ll be required upon employm	
Are you 18 years old	or older? ☐ Yes ☐ No				
If you are under 18 ye	ears of age, can you provide	e required proof of your	eligibility to work?	☐ Yes ☐ No	
Have you ever been	convicted of a crime (other the	han a minor traffic viola	tion)? 🗆 Yes 🗆 N	lo	

Veterans Preference Chapter 35C, Code of Iowa, provides certain rights, including preference in hiring if equally qualified to other applicants, to certain veterans of United States Military Service. Qualifications for these rights is defined in this statute. Are you a Veteran of United States Military Services? Yes No Branch of Service and Dates of Active Duty _ Are you a member of the Reserves or National Guard? \Boxed Yes \Boxed No Any person who may wish to claim a Veterans Preference must submit a copy of a certified form DD214 by the deadline set for the receipt of applications for the position that the person is applying for. **Education** Graduate/Professional High School Undergraduate College/University School Name and Location Diploma/Degree Course of Study Describe any skills, specialized training, apprenticeship, certifications, licensures, and applicable extra-curricular activities. List equipment and computer software you can operate if applicable to the position. (Include type, tasks performed and years of experience) List construction equipment previously operated if applicable to the position. (Include type, tasks performed and years of experience)

Do you have a record of founded child or dependent adult abuse? \square Yes \square No Such a record will not necessarily disqualify an applicant. The circumstances of the conviction will be considered in relation to the nature and duties of the postition.

Employment Experience

List previous employment. Start with your present or last job. Add another sheet if necessary.

Employer	Dates Employed From / To	Work performed			
Address					
Telephone number	Hourly Rate/Salary				
Job title	Starting / Final	Reason for leaving			
Supervisor					
May we contact the employer listed above? ☐ Yes ☐ No If no, why?					
Employer	Dates Employed From / To	Work performed			
Address					
Telephone number	Hourly Rate/Salary				
Job title	Starting / Final	Reason for leaving			
Supervisor					
May we contact the employer listed above? ☐ Yes ☐ No If no, why?					
Employer	Dates Employed From / To	Work performed			
Address					
Telephone number	Hourly Rate/Salary				
Job title	Starting / Final	Reason for leaving			
Supervisor					
May we contact the employer listed above? ☐ Yes ☐ No If no, why?					

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationships with Mahaska County EMA is of an atwill nature, which means that the employee may resign at any time and that Mahaska County may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Mahaska County EMA constitutes an employment contract unless a specific document to that effect is executed by Mahaska County EMA and be in writing.

I hereby acknowledge that as a condition of employment I may be required to submit to, and successfully pass, a criminal background check, credit history check, post-offer pre-employment physical and drug screen.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at Mahaska County EMA cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date

Mahaska County EMA provides equal employment opportunities to all applicants for employment and to all employees and does not discriminate on the basis of age, race, creed, color, sex (including pregnancy), sexual orientation, gender identity, national origin, religion, disability, genetic information or any other legally protected status or characteristic.

Please be advised that because Mahaska County EMA is a public entity, it is subject to the requirements of Chapter 22, **Code of lowa**, regarding the examination of public records, and this application may be subject to examination under this statute.

Individuals in need of special accommodations are asked to notify our office in advance.