

**IOWA NORTHLAND REGIONAL
COUNCIL OF GOVERNMENTS**



APPLICATION FOR EMPLOYMENT

Employee, please inform applicants that this application is not available in Braille or large print. If needed, a reader may be provided.

Date: _____

PERSONAL DATA:

POSITION APPLYING FOR: _____

NAME: _____
Last First MI

SOCIAL SECURITY NUMBER: _____ / _____ / _____

CURRENT ADDRESS: _____
Street Address or Box Number

_____ City State Zip

PHONE: () _____ () _____
Home Number Work/Message Number

TYPE OF WORK DESIRED: _____ Full Time _____ Part Time _____ Temporary

DATE AVAILABLE: _____

GENERAL INFORMATION:

1. Have you been employed by INRCOG or a delegated authority group in the past? _____ If yes, please give the dates of employment and position(s) held. State your name at that time, if different from present name.

2. Do you have any commitments to another employer that might affect your employment here? _____ If yes, please explain.

3. If hired, can you furnish proof that you are 18 years of age, or if under 18, have a permit to work? _____ If no, please explain.

4. Are you legally authorized to work in the United States? _____ If no, please explain. _____

5. Have you ever been convicted of a felony, or released from prison in the past 10 years? _____ Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered. If yes, please explain.

6. Do you have any experience from military service that would be relevant to the job for which you are applying?
_____ If yes, please explain.

7. Are you willing to travel to out-of-town locations, including overnight trips? _____ If no, please explain.

8. Can you perform the essential functions of the position you are applying for according to the attached job description?
If a reasonable accommodation is needed for you to successfully perform the functions, please explain.

9. Do you agree to take a test, at your own risk of injury, to prove your ability? _____
10. List the business machines, computers, programs, and word processors you can operate as well as any other job related skills you have.

EMPLOYMENT HISTORY:

Please list your present and former employers (most recent first).

May we contact your present employer? _____

Company Name/Address/Phone:	Job Title:
	Your Name When Employed:
Dates of Employment (Month/Year) From: To:	Reason For Leaving:
Name and Title of Supervisor:	Salary Per Week: Hours Worked Per Week:
Description of Duties:	

Company Name/Address/Phone:	Job Title:
	Your Name When Employed:
Dates of Employment (Month/Year) From: To:	Reason For Leaving:
Name and Title of Supervisor:	Salary Per Week: Hours Worked Per Week:
Description of Duties:	

Company Name/Address/Phone:	Job Title:
	Your Name When Employed:
Dates of Employment (Month/Year) From: To:	Reason For Leaving:
Name and Title of Supervisor:	Salary Per Week: Hours Worked Per Week:
Description of Duties:	

Company Name/Address/Phone:	Job Title:
	Your Name When Employed:
Dates of Employment (Month/Year) From: To:	Reason For Leaving:
Name and Title of Supervisor:	Salary Per Week: Hours Worked Per Week:
Description of Duties:	

Please account for any time you were not employed in the past ten years.

Time Period(s)	Reason(s) for Unemployment

IF YOU WERE UNABLE TO LIST ALL PAST JOBS OR PERIODS OF UNEMPLOYMENT ON THIS FORM, PLEASE ATTACH ADDITIONAL INFORMATION ON A BLANK SHEET OF PAPER.

EDUCATIONAL DATA:

Schools Attended	Name of School and Location	Did You Graduate? Yes/No	Degree/ Diploma/ Certificate?	Major Course of Study
High School	Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12		Do Not Answer	Do Not Answer
Technical, Vocational, Business or Military Training				
College or University				
Graduate School				
Professional Seminars		Do Not Answer		

ADDITIONAL JOB-RELATED SEMINARS, SHORT COURSES, WORKSHOPS, OR OTHER EDUCATIONAL EXPERIENCES:

REFERENCES:

Please list the Name, Address, City, State, Zip, Phone, and Occupation of three individuals who are not former employers or relatives.

- 1. _____

- 2. _____

- 3. _____

ACTIVITIES, HONORS, ETC.:

Please list and describe any activities, honors, experience, or training that might aid you in performing the job for which you have applied, and which have not been listed previously in this application. Omit any activities, honors, memberships, or other items that tend to identify your race, sex, national origin, age, handicap, or other personal traits.

I certify that all statements made in this employment application (and accompanying resume, if any) are true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

I authorize the investigation of all statements contained in this application. I also authorize the company to contact my present employer, past employers, and listed references. I understand that, upon my request, I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time.

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time.

Signature Date