



O'BRIEN COUNTY SHERIFF

240 1st street NE PO Box 260,
Primghar, IA 51245-0260

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons.

Applicant name: _____ **Date:** _____

Position(s) applied for: Communications Operator Jail Officer Cook Other

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cellphone #: _____ Social Security #: _____ - _____ - _____

Drivers License #: _____ E-Mail address: _____

Are you a U.S. Citizen? Yes No

Type of employment desired: full-time part-time

Date you will be available to start work: _____

Are you willing to relocate to O'Brien County to obtain this position? Yes No

Do you object to working overtime, holidays, weekends & nights? Yes No

Can you travel if required by this position? Yes No

Have you ever been previously employed by O'Brien County? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

Are you a U.S. military veteran? Yes No If yes list dates: _____

Have you ever been convicted of a crime in the last 7 years? Yes No

If yes, please explain (*a felony conviction will automatically bar employment*): _____

Drivers license number (**essential job duty**): # _____ State: _____

Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____
Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

List hobbies you enjoy:

Membership(s) in organization(s)? Please list:

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:
High school: _____
College: _____
Technical Training: _____
Other: _____

References

List 3 references names, telephone numbers, and year's known (do not include relatives or employers):

RESIDENCES

List chronologically, **all** of your residences for the last ten (10) years (including addresses while attending school if away from home and military addresses including any off-base housing).

Dates	Street Address	Apt #	City	County	State

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ **Date:** _____