



Allamakee County Employment Application

The position I am applying for is: _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Street _____ City _____ State _____ ZIP Code _____

Telephone _____ Email Address _____ Cell Phone Number _____

Best time to contact you Morning Afternoon Evening

Driver's License Y/N _____ Number _____ CDL License Y/N _____ Class of CDL & Endorsements _____

Please be sure to answer all items completely and accurately.

Type of work you would accept: Full time Part time Summer Temporary

Shift preferred: Day Evening Night

What date would you be available for work? _____

What is the minimum salary that you would accept? _____

Have you ever been employed with us before? Yes No

If yes, in what capacity? _____ From _____ To _____

Reason for leaving? _____

Are you 18 years old or older? Yes No

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

Are you legally eligible to be employed in the U.S.? Yes No *Proof of identity and eligibility will be required upon employment*

Do you have any relatives currently employed by Allamakee County? Yes No

If yes, state the name, relationship and department in which they are employed.

Veterans Preference Iowa Law provides certain rights, including preference in hiring if equally qualified, to certain veterans of United States Military Services. Qualification for these rights as defined in the 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? Yes 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.

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

If so, please indicate the nature of the offense, date, state and disposition.

A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying.

Education

| | High School | Undergraduate College/University | Graduate/Professional |
|--------------------------|-------------|----------------------------------|-----------------------|
| 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.

| | | |
|------|-----------------|---------------------|
| Type | Tasks Performed | Years of Experience |
| Type | Tasks Performed | Years of Experience |
| Type | Tasks Performed | Years of Experience |

Employment Experience

List previous employment. Start with your present or last job. Add another sheet if necessary. Please explain any gaps of employment

| | | |
|--|--|--------------------|
| Employer | Dates Employed From / To | Work performed |
| Address | | |
| Telephone number | Hourly Rate/Salary Starting / Final | Reason for leaving |
| Job title | | |
| Supervisor | | |
| May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? | | |
| Employer | Dates Employed From / To | Work performed |
| Address | | |
| Telephone number | Hourly Rate/Salary Starting / Final | Reason for leaving |
| Job title | | |
| Supervisor | | |
| May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? | | |
| Employer | Dates Employed From / To | Work performed |
| Address | | |
| Telephone number | Hourly Rate/Salary Starting / Final | Reason for leaving |
| Job title | | |
| Supervisor | | |
| May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? | | |

References

List 3 references that are not relatives.

| | |
|--------------|-------------------|
| Name: | _____ |
| Address: | _____ |
| Telephone: | _____ Cell: _____ |
| E-Mail: | _____ |
| Years Known: | _____ |

| | |
|--------------|-------------------|
| Name: | _____ |
| Address: | _____ |
| Telephone: | _____ Cell: _____ |
| E-Mail: | _____ |
| Years Known: | _____ |

| | |
|--------------|-------------------|
| Name: | _____ |
| Address: | _____ |
| Telephone: | _____ Cell: _____ |
| E-Mail: | _____ |
| Years Known: | _____ |

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 and only for the position applied for. If I wish to be considered for employment beyond this time period or for another position, 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 Allamakee County is of an At-Will nature, which means that the employee may resign at any time and that Allamakee County may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from Allamakee County constitutes an employment contract unless a specific document to that effect is executed by Allamakee County 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 for specific jobs.

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 Allamakee County cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request that my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session as to protect my reputation.

Signature of Applicant

Date

If you do not sign this acknowledgement/request your application may become a public record and consideration of your application may be done in open session.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Do you have a record of founded child or dependent adult abuse? Yes 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 position.

It is the policy of Allamakee County to provide equal treatment to all Allamakee County employees and applicants for Allamakee County employment without regard to race, color, religion, political affiliation, creed, gender identity, genetic information, sex, sexual orientation, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

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

Release and Authorization

I hereby authorize Allamakee County to obtain any driving records pertaining to me for the purpose of consideration with respect to my application for employment.

Print Name _____

Driver's License Number _____

Type of Driver's License _____

Date of Birth _____

Mandatory for Law Enforcement Applicants ONLY. Information used to conduct criminal history investigation.

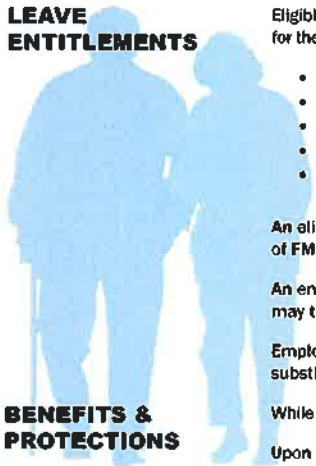
Signature of Applicant Date

Witness

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



