



**Butler County, IA**  
**PO Box 325, Allison, IA 50602**  
**Application for Employment**

**POSITION APPLIED FOR** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

On what basis are you available for employment?  Full-time  Part-time

How did you learn about this position? \_\_\_\_\_  
(Newspaper, county website, radio, personnel announcement, walk in, etc)

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number (s) \_\_\_\_\_  
Daytime Evening

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License Number \_\_\_\_\_

*\*Required for Secondary Roads Applicants*

**BACKGROUND**

- Yes  No Have you ever filed an employment application with Butler County before?  
If yes, give date: \_\_\_\_\_
- Yes  No Have you ever been employed by Butler County before? If  
yes, give date: \_\_\_\_\_
- Yes  No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration  
Status? *Proof of citizenship or immigration status will be required upon employment.*
- Yes  No Have you ever been discharged or asked to resign from employment?
- Yes  No Have you ever been convicted of a crime other than minor traffic violation?
- Yes  No Have you been convicted or have you pled guilty to two or more moving traffic violations in the past  
two years? If yes, please explain \_\_\_\_\_
- Yes  No May we contact your present employer? *If you answer "No" and we need to contact your present  
employer before we can offer you a job, we will contact you first.*
- Yes  No Is there any reason why you would be unable to perform the essential functions of the job for which  
you are applying? If yes, please explain \_\_\_\_\_
- Yes  No Has your driver's license been suspended or revoked during the past year? If yes, please explain \_\_\_\_\_

If you have answered "Yes" to any of the above questions, please give particulars on a separate sheet. A "Yes" answer does not automatically disqualify you from employment. **Applicants will not be excluded solely based on conviction of a crime and/or driving violations. Employment decisions will depend on the nature of the offense, nature of the job, and the date of the conviction or driving violation.**

**VETERAN'S PREFERENCE**

Yes  No Are you a U.S. Veteran?  
 Dates of active duty \_\_\_\_\_ - \_\_\_\_\_  
From To

Yes  No Are you a member of the reserves or national guard?

Those wishing to claim veteran's preference MUST SUBMIT PROOF OF SERVICE (DD 214), which includes dates of active duty.



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### EMPLOYMENT EXPERIENCE

List below, in reverse order, the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks including kind of work and supervisory, technical, or other responsibilities. Give as complete information as possible. **Note: Resumes will not be accepted in lieu of completion of this part, or any part, of this application.**

1. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4. Employer		Dates Employed		Specific Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

*If you need additional space, please continue on a separate sheet of paper.*



Butler County, Iowa
Application for Employment

EMPLOYMENT EXPERIENCE

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Four horizontal lines for listing employment experience.

Summarize special job-related skills, qualifications, or licenses acquired from employment or other experience.

Four horizontal lines for summarizing special job-related skills.

Yes No Do you possess a valid Driver's License?

Yes No Do you possess a valid Commercial Driver's License? If yes, in what state?

List any special skills or equipment operated

EDUCATION

Table with 5 columns: Education Level, Name and Address of School, Course of Study, Years Completed, Diploma/Degree. Rows include High School, Undergraduate College, Graduate/Professional, and Other (Specify).

Yes No High school equivalency certificate (G.E.D)? If yes, please submit documented proof.



Butler County, Iowa
Application for Employment

REFERENCES

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_
Address \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
Address \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_
Address \_\_\_\_\_

APPLICANT'S STATEMENT

I hereby Certify that this application contains no misrepresentations or falsifications and the information given by me is true and complete to the best of my knowledge and belief.

I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, I will be dismissed from the service, and I will be disqualified from applying in the future for any positions with Butler County.

I further authorize Butler County to make all necessary and appropriate investigations to verify the information contained herein. I hereby authorize Butler County to check my driving record.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? [ ] Yes [ ] No

Remarks

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed? [ ] Yes [ ] No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_