

County of Ringgold  
Mount Ayr, Iowa 50854

Date \_\_\_\_\_

### Employment Application

PLEASE READ CAREFULLY: County of Ringgold is committed to the policy that all persons have equal access to its employment, programs and facilities without regard to race, color, religion, sex, national origin, creed, age or disability. It is the applicant responsibility to request any special arrangements need to facilitate the application process.

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

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

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Job Desired \_\_\_\_\_ Full time Part time Temporary \_\_\_\_\_

Are you related by blood, marriage or adoption to any current employee of Ringgold County?  
\_\_\_\_ Yes \_\_\_\_ No If yes, please name these relatives \_\_\_\_\_

On what date can you be available to start employment? \_\_\_\_\_

Have you ever been convicted for any reason other than a minor traffic violation?  
No \_\_\_\_ Yes \_\_\_\_ Date of discharge \_\_\_\_\_

.....  
School Name & Location Course of Study Diploma/Degree

High School/GED \_\_\_\_\_

Business/Trade School \_\_\_\_\_

College or University \_\_\_\_\_

If licensed, registered or certified, please present and record:  
Your Number \_\_\_\_\_ State \_\_\_\_\_

Your Field \_\_\_\_\_ Expiration Date \_\_\_\_\_

.....  
Please list all present and past employment, beginning with the most recent:

Name of Employer \_\_\_\_\_ From \_\_\_\_\_  
Address \_\_\_\_\_ (Month/Year)  
Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ (Month/Year)  
Specific Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Starting Salary \_\_\_\_\_ Last salary \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_ No \_\_\_\_

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Name of Employer \_\_\_\_\_ From \_\_\_\_\_

Address \_\_\_\_\_ (Month/Year)

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ (Month/Year)

Specific Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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Name of Employer \_\_\_\_\_ From \_\_\_\_\_

Address \_\_\_\_\_ (Month/Year)

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_ (Month/Year)

Specific Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Job related References

	Name	Address	Phone
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

I authorize investigation of all matters contained in this application. I agree that if in the judgment of County of Ringgold, any misrepresentation has been made by me or the results of such an investigation are not satisfactory, any offer of employment made by County of Ringgold may be withdrawn or my employment with County of Ringgold may be terminated immediately, without any obligation or liability to me other than for payment at the rate agreed upon, for services actually rendered if I have been employed.

I understand that an offer of employment may be contingent upon my passing of a County of Ringgold's negative background check and medical examination before starting employment. If there were a hit or possible hit on a background check, the offer of employment would be withdrawn. If the examination discloses medical conditions that prevent me from safely and successfully performing the essential functions of the job, County of Ringgold will attempt to make accommodations that will enable me to work. If no reasonable accommodations can be found or if such accommodations impose undue hardship on County of Ringgold, the offer of employment will be withdrawn. I also agree to release County of Ringgold from liability for any injuries that may result from a demonstration of my ability to perform the essential functions of the job.

I understand that either the employer or myself may terminate employment with County of Ringgold at any time.

I understand that employment is contingent upon successful completion of a job required licensure, certification or registration exam, if applicable and not already completed.

Signature \_\_\_\_\_ Date \_\_\_\_\_