

APPLICATION FOR EMPLOYMENT BY JONES COUNTY

We are an equal opportunity employer. We consider applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally-protected status. The County also complies with applicable veteran's preference requirements.

Last Name _____	First _____	M/I _____	Telephone _____
Address _____		City _____	State _____ Zip _____ Soc.Sec.# _____ (optional)
Position Applied For: _____		Today's Date _____	

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

How did you learn about the position? _____
(Newspaper, radio, personnel announcement, walk in, etc.)

PLEASE FOLLOW THESE GENERAL INSTRUCTIONS

1. Read the position description, if provided, and be sure you meet the "qualifications" listed.
2. Answer all questions and complete all spaces on this application.
3. Submit all transcripts and documents at time of application.

VETERAN'S PREFERENCE

Are you a U.S. Veteran? Yes ___ No ___ Are you a member of the reserves or national guard? Yes ___ No ___
Those wishing to claim veteran's preference **MUST SUBMIT PROOF OF SERVICE** (DD 214) which includes dates of active duty.

Have you ever filed an application with the Employer? Yes ___ No ___ Have you ever been employed by the Employer? Yes ___ No ___

Can you, after employment, submit verification of your legal right to work in the United States? Yes ___ No ___

Are you at least 18 years of age? Yes ___ No ___

MANDATORY FOR LAW ENFORCEMENT OR FIREFIGHTER APPLICANTS ONLY Date of Birth _____
(information used to conduct background investigation only)

Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___
(A Yes answer does not automatically disqualify you from employment) If yes, please explain.

Do you object to inquiry of your present employer in regard to your character, work record, qualifications or abilities?
Yes ___ No ___ Other information _____

IF YOU ANSWER "NO" AND WE NEED TO CONTACT YOUR PRESENT EMPLOYER BEFORE WE CAN OFFER YOU A JOB, WE WILL CONTACT YOU FIRST.

Are you safely able to perform the essential functions of the job (as described in the attached position description, if provided) with or without reasonable accommodations. Yes ___ No ___

EDUCATION RECORD

School Name and Location	Elementary School	Undergraduate High School	College/University	Graduate
Years Completed (circle highest grade completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Have you received any additional training - work shops, short courses, volunteer work, etc.?				
Do you have any other experience or qualifications not listed which relates to the job applied for? List any office equipment or machines or equipment you operate.				

EMPLOYMENT RECORD

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. If you need additional space please continue on a separate sheet of paper. **NOTE: Resumes will not be accepted in lieu of completion of this part, or any part, of this application.**

1. Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Immediate Supervisor _____ Full Time? Yes _____ No _____
Your Title _____ Department _____ Part Time: Indicate % or no. hours _____
Starting Salary \$ _____ per _____ Last or present Salary \$ _____ per _____
Specific Duties _____

Reason for Leaving: _____

2. Employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Immediate Supervisor _____ Full Time? Yes _____ No _____
Your Title _____ Department _____ Part Time: Indicate % or no. hours _____
Starting Salary \$ _____ per _____ Last or present Salary \$ _____ per _____
Specific Duties _____

Reason for Leaving: _____

3. Employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Immediate Supervisor _____ Full Time? Yes _____ No _____
Your Title _____ Department _____ Part Time: Indicate % or no. hours _____
Starting Salary \$ _____ per _____ Last or present Salary \$ _____ per _____
Specific Duties _____

Reason for Leaving: _____

4. Employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Immediate Supervisor _____ Full Time? Yes _____ No _____
Your Title _____ Department _____ Part Time: Indicate % or no. hours _____
Starting Salary \$ _____ per _____ Last or present Salary \$ _____ per _____
Specific Duties _____

Reason for Leaving: _____

List any in-service training or instruction courses or programs you have completed with the above listed employers. _____

If yes to above, what state? _____

If a license, certification, or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of the appropriate documents.

Please indicate in the space below and on additional blank sheets, if necessary, such experience, training, skills or ability that you believe will qualify you for the position for which this application is filed.

MOST IMPORTANT - PLEASE READ

Failure to complete all parts of this application that apply to you will cause delay, and may result in our having to return your application. ALWAYS USE THE SAME NAME AND INITIALS WHEN YOU ARE SENDING INFORMATION TO THIS OFFICE ABOUT YOURSELF AND INDICATE ON THE DOCUMENTS THE TITLE(S) OF THE POSITION(S) FOR WHICH YOU ARE APPLYING. Have you: 1. Completed all parts of the application listing every job which you have held? 2. Enclosed copies of documents requested such as a special license? and 3. Read the statement below, and signed the application?

BE SURE TO READ THIS STATEMENT BEFORE SIGNING

I HEREBY CERTIFY that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

FURTHERMORE:

- | | |
|--|---|
| 1. I authorize investigation and verification of all statements contained in this application. | 4. I understand that any withholding of information or misrepresentation on this application or on Employer medical forms could result in rejection for employment, or if employed, termination from the Employer . |
| 2. I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by the Employer in its processing of this application. | 5. If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by me or the County. |
| 3. I agree to provide, upon request of the Employer, written releases and waivers of confidentiality should any former employer or school require such a release. | |

SIGN HERE
IN INK _____

DATE _____

JONES COUNTY COURTHOUSE

P. O. BOX 109
ANAMOSA, IOWA 52205

JONES COUNTY BOARD OF SUPERVISORS

PHONE 319-462-2378
FAX 319-462-5815

Date: June 30, 2008

To: Applicants for Employment with Jones County

From: Leo M. Cook, Chairman, Board of Supervisors



Subject: Implementation of Iowa's Smokefree Air Act

In accordance with the provisions of Iowa's Smokefree Air Act (House File 2212) ("Act"), which becomes effective on July 1, 2008, smoking is prohibited on all county property (buildings, grounds, and parking lots), as well as in all county-owned, or leased, vehicles. County property includes, but may not be limited to: Courthouse, Secondary Road facilities, Conservation facilities*, Park Avenue Annex, Grant Wood Memorial Park, Wyoming Memorial Hall, County Landfill & Transfer Station, Edinburgh Historical Site, Edinburgh Manor (except the east parking lot), and the area of 105 Broadway Place currently under lease. Smoking is also prohibited in facilities used for Senior Dining purposes during the time clients or employees are present, unless otherwise regulated by the respective property owner.

The Board, however, did include in their motion that smoking may be permitted inside personal vehicles that are parked in a county-owned, or leased, parking lot.

*Smoking regulations for individual camp-sites and trails shall be determined by the County Conservation Board.

The Act contains provisions for a \$50 fine for persons who smoke in an area where smoking is prohibited, and fines of from \$100 to \$500 for persons in control of property who fail to comply with the provisions of the Act.

Additional information is available at www.iowasmokefreeair.gov, or the Smokefree Air Act Helpline 1-888-944-2247.