



APPLICATION FOR EMPLOYMENT

CALHOUN COUNTY SHERIFF'S OFFICE
PO BOX 304
416 FOURTH STREET
ROCKWELL CITY IA 50579
Telephone: 712/297-7583
E-mail: sheriff@calhouncounty.iowa.gov

Please answer **ALL** questions. Print or write carefully. **If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.**

Full Name	
Present Address	Home Telephone Number
City, State, Zip	Business or Cell Phone Number

State the position(s) for which you are applying: _____

Check which employment conditions you will accept:

___ Travel ___ Day Shift ___ Evening Shift ___ Night Shift ___ Rotating Shifts
___ Full-time (40 hours) ___ Part-time (<40 hours)

How did you find out about this position? _____

Have you ever been convicted of a crime, in this state or any other state? Yes No State: _____

Do you have a record of founded child or dependent adult abuse? Yes No

If yes to either of the above, describe the circumstances _____

The existence of a criminal record WILL NOT AUTOMATICALLY BAR EMPLOYMENT, but will only be considered in relation to specific job requirements.

Will you sign a release form allowing Calhoun County to conduct a Criminal Record and/or Adult/Child Abuse Registry information check? Yes No

Have you ever been terminated from employment? Yes No If yes, describe the circumstances _____

Do you have a valid Iowa Drivers license? Yes No Class of Drivers License? _____

Will you sign a release form allowing Calhoun County to obtain a driving record? Yes No

Do you have a car with adequate liability and accident insurance that will cover accidents or incidents resulting from work activities? Yes No

Are you a veteran? Yes No Do you qualify for veteran's preference? Yes No

Education

	Name and Address	Course of Study	Circle Last Year Completed	Degree Earned
High School			1 2 3 4	
College			1 2 3 4	
Other Schools			1 2 3 4	

Work History

Job Title	Employer Name and Address	Date Employed From:	To:
Name Employed Under	Immediate Supervisor and Title	Contact Number	
Reason for Leaving	Average # of Hours Worked Per Week	Nature of Business	
Duties		Last Salary	
Job Title	Employer Name and Address	Date Employed From:	To:
Name Employed Under	Immediate Supervisor and Title	Contact Number	
Reason for Leaving	Average # of Hours Worked Per Week	Nature of Business	
Duties		Last Salary	
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Reason for Leaving	Average # of Hours Worked Per Week	Nature of Business	
Duties		Last Salary	

Computer Skills and Other Qualifications					
OUTLOOK	Proficiency/Experience	<input type="checkbox"/> No Experience	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
WORD	Proficiency/Experience	<input type="checkbox"/> No Experience	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
EXCEL	Proficiency/Experience	<input type="checkbox"/> No Experience	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
OTHER PROGRAMS	Program Name:	<input type="checkbox"/> No Experience	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
OTHER OFFICE	TYPING SPEED:	OTHER QUALIFICATIONS:			

Additional Skills and Qualifications	

References	
Name	Phone Number
Relation to you	Company
Name	Phone Number
Relation to you	Company
Name	Phone Number
Relation to you	Company
Name	Phone Number
Relation to you	Company

Read Before Signing:

I certify that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I understand that should investigation at any time disclose otherwise, my application may be rejected and my name may be removed from consideration for employment.

In connection with my application for employment with the County, I expressly authorize the release to the County of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the County and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the County as part of my application for employment.

If I am offered and accept employment with the County, I understand that my employment is At Will and that my employment may be terminated at any time and for any reason either by me or by the County.

APPLICANT SIGN HERE IN INK _____ DATE _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER