

Sheriff's Department Lateral Transfer

Yes  
 No  
 Not Applicable



# EMPLOYMENT APPLICATION

Please return to:  
Human Resources Dept.  
Woodbury County Courthouse, 620 Douglas Street, Room 701  
Sioux City, IA 51101  
Phone: 712 279-6480

Let us know if you do not understand an item or need help in completing this form.

The position I am applying for is: \_\_\_\_\_

Last Name		First Name	Middle Name	
Address		City	State	Zip Code
Telephone Number		Social Security Number		

Please list an additional phone number where we can leave a message:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

How did you learn about the employment opportunity?  
Newspaper \_\_\_ Job Service \_\_\_ Employment Agency \_\_\_ Friend \_\_\_  
Walk-in \_\_\_ Education Institution \_\_\_ County Employee \_\_\_ Other \_\_\_

**Please be sure to answer all items completely and accurately.**

Please check the type of work that you would accept:  
Full time \_\_\_ Part-time \_\_\_ Summer \_\_\_ Temporary \_\_\_  
Shift Preferred: Day \_\_\_ Evening \_\_\_ Night \_\_\_

What date would you be available for work? \_\_\_\_\_

Have you ever filed an application with us before? No \_\_\_ Yes \_\_\_ Year/Month \_\_\_\_\_

Have you ever been employed with us before? No \_\_\_ Yes \_\_\_  
If yes, in what capacity? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

What is the minimum salary that you would accept? \_\_\_\_\_

Do you have any relatives currently employed by the County? No \_\_\_ Yes \_\_\_  
If yes, state the name, relationship, and department in which they are employed:

Are you a veteran of the U.S. Armed Forces? No \_\_\_ Yes \_\_\_  
Dates of military service: \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_  
Have you ever served in a war? If so, please list dates, and where.

Have you ever been convicted of a felony? \_\_\_ 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.

**Woodbury County is an equal opportunity employer. Qualified applicants are eligible to compete for positions without regard to race, color, national origin, sex, creed, religion, age, disability or sexual orientation.**



## EMPLOYMENT EXPERIENCES

(Start with your present or last job)

Employer	Dates employed	Work Performed:
Address	From/To	
Telephone Number		
Job Title	Hourly Rate/ Salary	
Supervisor	Starting/Ending	Reason for leaving

May we contact the employer listed above? Yes \_\_\_ No \_\_\_

Employer	Dates employed	Work Performed:
Address	From/To	
Telephone Number		
Job Title	Hourly Rate/ Salary	
Supervisor	Starting/Ending	Reason for leaving

May we contact the employer listed above? Yes \_\_\_ No \_\_\_

Employer	Dates employed	Work Performed:
Address	From/To	
Telephone Number		
Job Title	Hourly Rate/ Salary	
Supervisor	Starting/Ending	Reason for leaving

May we contact the employer listed above? Yes \_\_\_ No \_\_\_

Employer	Dates employed	Work Performed:
Address	From/To	
Telephone Number		
Job Title	Hourly Rate/ Salary	
Supervisor	Starting/Ending	Reason for leaving

May we contact the employer listed above? Yes \_\_\_ No \_\_\_

If you indicated that any employer listed should not be contacted please list the reason here:

\_\_\_\_\_

## APPLICANT'S STATEMENT

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States and that I must show the employer documents that will prove this, if I am offered employment.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements made in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading statements given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete allocation 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 County cost.

I understand this application is only for the position I listed on the front of the application. If I would like to apply for another position, I must submit another employment application with any required written information.

If selected for employment, I understand that a pre-employment drug screen test, pre-employment physical and background check(s) are required for employment and that I must pass these pre-employment tests to be employed by Woodbury County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### IMPORTANT INFORMATION REGARDING PUBLIC RECORDS

Per Iowa Code section 22.7(7), personal information maintained in personnel files of government officials, officers, and employees of government bodies shall remain confidential, except the following information relating to such individuals contained in personnel files which shall be available as a public record and must be produced upon request:

- Names and compensation of the individual
- The dates the individual was employed by the governmental body
- The positions the individual holds or has held with the governmental body
- The educational institutions attended by the individual including any diplomas and degrees earned
- The names of the individual's previous employers, dates of that employment and position held
- Upon the exhaustion of all applicable contractual, legal and statutory remedies, the fact that the individual was discharged by a previous employer.

I hereby attest I understand that if offered employment and I actively engage in employment with Woodbury County, that going forward and upon request, the above noted information contained in this application and/or my personnel file shall be subject to public disclosure. I hereby agree to hold Woodbury County harmless for any actions resulting from the release of information in this application as required under Iowa Code section 22.7(7).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Woodbury County seeks to employ individuals who have demonstrated in their job and life experiences a meaningful understanding and respect for Professionalism, Responsiveness, Involvement, Dedication, and Excellence. We have combined these qualities to reflect our definition and commitment to the service we provide our citizens as PRIDE.**

### TITLE VI and TITLE VII POLICY STATEMENT

The County of Woodbury assures that no person shall, on the grounds of race, color, national origin, or sex as provided by Title VI and Title VII of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100.259), be excluded from or participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity. The County of Woodbury further assures every effort will be made to ensure nondiscrimination in all of its committees, programs and activities, regardless of the funding source.

Federal and state laws prohibit employment and/or public accommodation discrimination on the basis of age, color, creed, disability, gender identity, national origin, pregnancy, race, religion, sex, sexual orientation or veteran's status. If you believe you have been discriminated against, please contact the Iowa Civil Rights Commission at 800-457-4416 or Iowa Department of Transportation's civil rights coordinator. If you need accommodations because of a disability to access the Iowa Department of Transportation's services, contact the agency's affirmative action officer at 800-262-0003.

**EQUAL OPPORTUNITY EMPLOYER**

Woodbury County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will consider reasonable accommodations for qualified individuals with disabilities and encourages prospective employees and incumbents to discuss potential accommodations with the Employer.

**IOWA SMOKEFREE AIR ACT**

In compliance with the *Iowa Smokefree Air Act*, Woodbury County prohibits tobacco use on county grounds, which includes but is not limited to county buildings, vehicles, parking lots, and sidewalks leading to building entrances.

**VETERANS' PREFERENCE**

Any honorably discharged veteran, as defined in Chapter 35C of the Code of Iowa, shall be entitled to preference in appointment, employment, and promotion over other applicants of no greater qualifications.

**BACKGROUND AND EMPLOYMENT INFORMATION AUTHORIZATION AND RELEASE**

I, the undersigned, have applied for employment with Woodbury County, 620 Douglas Street # 701, Sioux City, Iowa 51101, which requires a comprehensive background investigation to be completed prior to an offer of employment. In an Application for Employment form that I have completed with Woodbury County, I have identified your organization as either a present or former employer.

Regardless of any agreement that I may have made with you previously to the contrary, I hereby authorize any duly accredited representative of your organization to provide any information requested by the County's representative, positive or negative, concerning my employment with your company for purposes of possible employment with Woodbury County. The information which may be requested and which I authorize you to release about my employment with your company includes, but is not limited to:

- |   |                       |
|---|-----------------------|
| Positions held and dates of employment      | Training              |
| Performance evaluations                     | Experience            |
| Assessment of strengths, skills, abilities  | Qualifications        |
| Reasons for leaving employment              | Criminal record       |
| Whether would rehire and why or why not     | Professional conduct  |
| Attendance and punctuality                  | Disciplinary actions  |
| Other information pertinent to the position | Salary or hourly wage |

Any information acquired by Woodbury County under this authorization shall be for their confidential use only, and shall not be communicated in any way to other employers, agencies, educational institutions or any other business or organization requesting such information for any purpose. Furthermore, Woodbury County shall use the information acquired under this authorization solely to determine the applicant's fitness for the position available or to verify information supplied by the applicant.

To the extent permitted by law, I hereby release your organization, as my present or former employer, from any and all liability resulting from the release of such information to Woodbury County upon request of its representative. This Release covers all injuries, damages, and claims, whether known or not and which may hereafter appear or develop, arising from the provision of such information as authorized herein. Specifically, the undersigned agrees to discharge your organization, agents, and any records custodians or other employees, from any and all liability for damages of whatever kind and nature that may at any time result to me on account of compliance or any attempts to comply with this authorization, including claims resulting from or due to the good faith release of information arising under: breach of contract; interference with contractual relations; unintentional misrepresentation; any violation of a State or Federal constitution; invasion of privacy; defamation/slander; or any other federal or state violation or cause of action including the undersigned's individual contract of employment or applicable collective bargaining agreement, whether currently in effect or previously in effect.

\_\_\_\_\_  
Signature of Prospective Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Prospective Employee



# APPLICANT'S SURVEY

(for statistical use only)

The following requested information in no way effects you as an individual applicant. The form will be separated from the application upon receipt. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population, validation of our selection methods and for the purpose of Equal Employment Opportunity reporting. Please give us your cooperation by completing this questionnaire.

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Telephone	Date of Birth	Social Security Number
Position Applied for		

Please circle one answer for questions A through F.

A. What sex are you?

- Male
- Female

B. What is your age?

- 19 or less
- 20-29
- 30-39
- 40-49

Birth date

- 50-59
- 60-69
- 70 years or over

C. What is the highest level of education you have reached?

- 0-8 years
- 9-12 years but not a graduate
- High School graduate or GED equivalent
- Post High School training/college
- B.A. or B.S. or similar degree
- M.A. or similar degree
- Ph.D., J.D. or similar degree

D. Are you a veteran of the U.S. Military service?

- No
- Yes

E. Of which racial/ethnic group do you consider yourself a member?

- White
- Black
- Oriental
- American Indian
- Hispanic
- Asian or Pacific Islander
- Alaskan Native
- Other \_\_\_\_\_

F. Do you have a disability?

- No
- Yes, Blind
- Yes, Deaf
- Yes, Cardiac
- Yes, Epilepsy
- Yes, Diabetes
- Yes, Paralysis
- Yes, Other \_\_\_\_\_