

**POTTAWATTMIE COUNTY ASSESSOR
APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment
On an basis including race, color, age, sex, religion, disability, marital status or national origin.
You may request any needed accommodation in the application process.

DATE:

POSITION(S) APPLYING FOR:

PERSONAL INFORMATION

NAME:

ADRESS:

CITY	STATE	ZIP
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TELEPHONE:

SOCIAL SECURITY #

ARE YOU AVAILABLE TO WORK FULL TIME PART-TME

DATE WHICH YOU CAN START EMPLOYMENT:

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES: YES NO

IS THERE ANY OTHER NAMES WE SHOULD BE AWARE OF IN ORDER TO ADEQUATELY CHECK YOUR EMPLOYMENT OR EDUCATIONAL HISTORY? IF SO, PLEASE LIST:

HAVE YOU EVER BEEN EMPLOYED WITH POTTAWATTAMIE COUNTY BEFORE? YES NO

IF YES, PLEASE INDICATE THE DEPARTMENT YOU WORKED FOR AND THE DATES OF EMPLOYMENT:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

NOTE: A conviction record will not necessarily disqualify an applicant. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.

DO YOU HAVE ANY RELATIVES ALREADY EMPLOYED BY POTTAWATTAMIE COUNTY? IF YES, PLEASE STATE NAME AND RELATIONSHIP:

HAVE YOU HAD TRAINING/COURSE WORK OR EXPERIENCE IN:

- | | |
|---|---|
| <input type="checkbox"/> Typing Proficiency | <input type="checkbox"/> Microsoft Office |
| <input type="checkbox"/> PC Computer | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Apple Computer | <input type="checkbox"/> Data Entry |

PLEASE LIST ANY QUALIFICATIONS, WHICH YOU FEEL ARE APPLICABLE TO THE POSITION FOR WHICH YOU HAVE APPLIED. INCLUDE EQUIPMENT, BUSINESS MACHINES OR SOFTWARE YOU CAN OPERATE AND ANY PROFESSIONAL LICENSING OR CERTIFICATIONS:

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMODATIONS?

- YES NO

EDUCATIONAL AND PREVIOUS EXPERIENCE

HIGHEST YEAR OF SCHOOL ATTENDED : 9 10 11 12 13 14 15

HIGHEST DEGREE ATTAINED: GED HS BA MA PhD

LIST ANY OTHER PROFESSIONAL DEGREES OR CERTIFICATIONS:

NAME OF HIGH SCHOOL AND LOCATION:

NAME OF COLLEGE AND LOCATION:

OTHER SCHOOL(S) AND LOCATION(S):

EMPLOYMENT HISTORY

Please list your last 3 employers starting with your current employment first:

COMPANY	
ADDRESS	
TELEPHONE	
POSITION HELD	
DATES EMPLOYED	
SUPERVISOR	
JOB DUTIES	

MAY WE CONTACT THIS EMPLOYER? YES NO

COMPANY	
ADDRESS	
TELEPHONE	
POSITION HELD	
DATES EMPLOYED	
SUPERVISOR	
JOB DUTIES	

MAY WE CONTACT THIS EMPLOYER? YES NO

COMPANY	
ADDRESS	
TELEPHONE	
POSITION HELD	
DATES EMPLOYED	
SUPERVISOR	
JOB DUTIES	

MAY WE CONTACT THIS EMPLOYER? YES NO

MILITARY SERVICE

HAVE YOU SERVED OR ARE YOU CURRENTLY SERVING IN THE ARMED FORCES OF THE UNITED STATES? YES NO

IF YES, PLEASE INDICATE BRANCH, DATES SERVED AND ENDING RANK:

REFERENCES

List 2 personal references that are not relatives or past employers:

NAME	
ADDRESS	
TELEPHONE	
YEARS KNOWN	

NAME	
ADDRESS	
TELEPHONE	
YEARS KNOWN	

CERTIFICATION

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR REFUSAL TO HIRE OR IF HIRED, DISMISSAL. I AUTHORIZE THE POTTAWATTAMIE COUNTY ASSESSOR'S OFFICE TO MAKE SUCH INVESTIGATION AND INQUIRIES OF MY PERSONAL, EDUCATIONAL AND EMPLOYMENT HISTORY AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, AND PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

SIGNATURE: _____

DATE: _____