

List professional, trade, business, or civic activities and any offices held if related to the job for which you are applying.

EDUCATION: Applicants may be required to provide copies of diploma, degree, transcripts, licenses, certifications, and registrations.

Did you graduate from high school? Yes ____ No ____ If no, do you have a GED? Yes ____ No ____

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE				
GRADUATE/LEGAL/ PROFESSIONAL				
OTHER				

Special Training/Skills/Qualifications: List any job related training or operational skills you possess, such as office equipment and machines, types of computer software/hardware, road construction equipment, shop/maintenance equipment, etc.

List any job related licenses, certifications, or registrations (exclude driver's license). Indicate issuing state and expiration date.

Typing ____ WPM: Shorthand ____ WPM: Ten Key By touch ____ By sight ____

Do you speak ____ read ____ write ____ a language other than English? Yes ____ No ____

If yes, which language(s) _____

MILITARY SERVICE: Complete the following if you served on active duty or in a reserve status. A copy of your DD-214 may be required if hired.

Service Branch _____ Date entered _____ Date Discharged _____ Type of Discharge _____

EMPLOYMENT RECORD:

Start with your present or most recent job and list all jobs held. Attach separate sheets if more space is needed. Include any job related military service assignments and volunteer activities.

Dates Employed (month/year) From: _____ To: _____	Job Title: Beginning Ending
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____	Organization Name/Address
_____ Full-Time _____ Temp _____ Part-Time, hrs/wk _____	Supervisor's Name/Title/Phone:
May we contact for references? Yes ____ No ____	Reason for Leaving:
Duties:	

Dates Employed (month/year) From: _____ To: _____		Job Title: Beginning Ending	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____		Organization Name/Address	
_____ Full-Time _____ Temp _____ Part-Time, hrs/wk _____		Supervisor's Name/Title/Phone:	Reason for Leaving:
May we contact for references? Yes _____ No _____			
Duties:			

Dates Employed (month/year) From: _____ To: _____		Job Title: Beginning Ending	
Salary: Start \$ _____ Per _____ Final \$ _____ Per _____		Organization Name/Address	
_____ Full-Time _____ Temp _____ Part-Time, hrs/wk _____		Supervisor's Name/Title/Phone:	Reason for Leaving:
May we contact for references? Yes _____ No _____			
Duties:			

APPLICANT'S STATEMENT:

I certify that the foregoing statements, and those on any attachment(s) to this form, are true and complete to the best of my knowledge and are given by my own free will. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Johnson County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application may be basis for dismissal from employment.

Signature of Applicant

Date

COUNTY VEHICLE DRIVER/OPERATOR APPLICANTS:

I understand that, in order to drive or operate County owned vehicles, I must have and must maintain a driving record that is satisfactory to the County. I further understand that the County will conduct a pre-employment check of my driving record and, if hired, additional periodic record checks will be made on a random basis.

Signature of Applicant

Date

AN EOE/AAP EMPLOYER

EEO INFORMATION SURVEY

Federal regulations require that Johnson County collect certain data specifically for our Equal Employment Opportunity reporting and planning. We are requesting your cooperation in completing this self-identification form. THIS INFORMATION IS COLLECTED FROM APPLICANTS ON A VOLUNTARY BASIS AND IS KEPT IN A SEPARATE FILE IN THE PERSONNEL DEPARTMENT FOR FEDERAL REPORTING PURPOSES.

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Position Applied For: _____

Department: _____ Date of Application: _____

How did you learn about this position? _____

Sex: Male Female

RACIAL/ETHNIC CLASSIFICATION: (Please designate one group only).

WHITE (Not of Hispanic Origin) Persons having origins in any of the original people of Europe, North Africa, or the Middle East.

BLACK (Not of Hispanic Origin) Persons having origins in any of the Black racial groups.

HISPANIC Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDER Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

AMERICAN INDIAN OR ALASKAN NATIVE Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. One-quarter Indian is the usual requirement for inclusion on a tribal roll.

PERSON WITH A DISABILITY: A person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such an impairment.

YES NO

VETERAN WITH A DISABILITY: A veteran entitled to disability compensation under laws administered by the Veteran's Administration for a disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

YES NO

AS part of Johnson County's compliance efforts regarding the Section 503 of the 1973 Rehabilitation Act, applicants are given an opportunity to identify themselves with regard to disabilities. Requests for reasonable accommodations are carefully considered and decisions are made in compliance with all applicable laws and regulations. Submission of the following information is voluntary, but it would help us in monitoring our compliance efforts. This information does not accompany your application. Failure to provide this information will not subject you to any adverse treatment.

DISABILITY: _____ NAME (please print): _____

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VIETNAM ERA VETERAN: A person who served on active duty for a period of more than 180 days, any part of which occurred during August 6, 1964 to May 7, 1975, and was discharged or released from that duty prior to December 31, 1991, with other than a dishonorable discharge.

YES NO