

WAPELLO COUNTY APPLICATION FOR EMPLOYMENT

Wapello County is an Equal Opportunity Employer.

Auxiliary aids and services will be made available upon request to individuals with disabilities.

Form provided by Iowa Workforce Development.

PERSONAL		
Full Name:		
First	Middle Initial Last	
Current Address:		
Number Street	City	State Zip
Telephone Number:	Social Security Number:	
Are you 18 years of age or older? Ye Are you legally able to work in the	s □ No □ Are you a military Veteran? If Yes, Dates of Service	Yes No
United States? Ye	s 🗆 No 🗅 Active Duty:	to
Have you ever been known by any other name this application?	e(s) that this company will require to verify	y any of the information of
EMPLOYMENT DESIRED		
Job Title: D	ate you can start: Wag	ge Desired:
Are you available for work: Full-Time Part-Tir	me 🗆 Temp 🗅 Se	asonal □
EDUCATION		
Do you have a High School Diploma or GED? Y	′es □ No □	
Name of last school attended:	City:	State:
Circle last year of school completed: 6	7 8 9 10 11 12 13 14 15 16 17 18	
Circle the highest degree earned: High	gh School Diploma GED Certificate AA BI	MD PHD Other Area
of Concentration and/or degree(s), certificates, li	icenses, endorsements:	
i i		
Other Training or Skills (Factory or Office M	achines Operated, Special Courses, C	Computer Skills, etc.):

EMPLOYMENT HISTORY Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment) Company Name: _____ Job Title: Address: ___ Number Street City State Zip Start Date: _____ End Date: ____ Ending Wage: ____ Detailed Job Duties: Reason for Leaving: _____ Company Name: _____ Job Title: Address: ____ Number Street City State Zip Start Date: _____ End Date: ____ Ending Wage: ____ Detailed Job Duties: Reason for Leaving: Company Name: _____ Job Title: Address: ____ Number Street City State Zip Start Date: _____ End Date: ____ Ending Wage: _____ Detailed Job Duties: Reason for Leaving: ___ The law prohibits discrimination in hiring due to May we contact your former employers to verify this information? ____ Yes ____ No age, race, creed, sex, national origin. religion, disability or veteran's status. May we contact your present employer? ____Yes ____No Please provide any additional information about your abilities or interests that make you a good candidate for this position: I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts are cause for dismissal. Signature: _____ Date: _____