

## **Polk County, Iowa**

### **Employment Process Introduction**

**Applications are only accepted for a position when a job announcement is posted.** Read the job announcement to determine if you meet the minimum qualifications for the position. **A separate application form must be submitted for each position.** A resume may be attached, but may not take the place of the application. An application or resume cannot be returned. Applications may be delivered in person, by the U. S. Post Office, email or by facsimile. It is up to you to ensure that your application is received by the closing date listed on the job announcement.

According to the Americans with Disabilities Act, it is the responsibility of the applicant with an ADA-covered disability to request an accommodation, which he/she requires, in order to participate in the application or examination process. It is the policy of the Human Resources Department to require documentation of the ADA-covered disability and the need for accommodation. You will receive written notice if your application has been accepted or rejected. You will also be notified when and where to report to take an examination, if required.

Qualified applicants, who meet established job and/or examination requirements, may be placed on an eligibility list for employment consideration. The eligibility list remains in effect for a specified period of time. Please notify the Human Resources Department of any changes in your name, address or telephone number(s). Prior to your employment, you will be required to provide documentation of your identity and employment eligibility in order to comply with the Immigration Reform and Control Act of 1986. Applicants may be required to submit to a complete background check, a conditional-offer drug test and/or medical examination.

**Clean Air Policy:** Polk County government complies with the Iowa Code Section 142 D, 2008 Iowa Acts, the “Smokefree Air Act,” and the Iowa Administrative Code, Chapter 153, “Smokefree Air”. Smoking shall be restricted to designated outdoor areas, which shall be clearly marked as designated smoking areas.

**Equal Employment Opportunity:** Polk County is an equal opportunity/affirmative action employer and does not discriminate against qualified applicants/employees based upon any protective class status including, but not limited to, race, color, creed, religion, sex, sexual orientation, national origin, ancestry, age, marital status, veteran status, or disability.

**Polk County**  
 Applicant Self Identification Form  
*Equal Employment Opportunity Survey*

Polk County is an equal opportunity/affirmative action employer and does not discriminate against qualified applicants/employees based upon any protected class status including, but not limited to, race, color, creed, religion, sex, sexual orientation, national origin, ancestry, age, marital status, veteran status, or disability.

Federal equal employment opportunity laws/regulations require us to compile annual statistical reports on applicants for employment. In order to comply with these recordkeeping/reporting requirements, we are requesting your cooperation in completing this form. The information will be used only for equal employment opportunity/affirmative action record-keeping and reporting purposes.

**Submission of this information is voluntary.** You will not be subjected to any adverse treatment if you do not provide this information. If you choose to provide the information, the information and this form will be processed/maintained separately from your application. All information will be kept confidential. Your cooperation is appreciated.

Title of Position Applying for:		
Name (please print):		Date of Birth:
Ethnic Group	Gender	Veteran Status
<input type="checkbox"/> <b>Asian</b> <i>A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent. Includes China, India, Japan, and Korea.</i>  <input type="checkbox"/> <b>Native Hawaiian/Other Pacific Islander</b> <i>A person having origins in any of the original peoples of the Pacific Islands. Includes the Philippine Islands and Samoa.</i>  <input type="checkbox"/> <b>Black or African American</b> <i>(Not of Hispanic/Latino Origin)</i>  <input type="checkbox"/> <b>Hispanic/Latino</b> <i>A person of Mexican, Puerto Rican, Cuban, Central/South America, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.</i>  <input type="checkbox"/> <b>Native American Indian/Alaskan Native</b> <i>A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.</i>  <input type="checkbox"/> <b>White (Not of Hispanic/Latino Origin)</b> <i>A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</i>  <input type="checkbox"/> <b>Two or More Races</b>  <input type="checkbox"/> <b>Other (specify):</b>	<input type="checkbox"/> Female  <input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran  <input type="checkbox"/> Special Disabled Veteran  <input type="checkbox"/> Other Eligible Veteran
		Other
<input type="checkbox"/> Disabled Individual <i>(Physical or mental impairment that substantially limits a major life activity such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning, thinking or working; has a record of such an impairment; or is regarded as having such an impairment.)</i>		
<input type="checkbox"/> I do not wish to self identify		
Do you require special testing conditions to accommodate a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, what special accommodation is needed? (Be specific.)		

**How did you learn about this job? (Please check one source)**

<input type="checkbox"/> Advertisement Specify source: _____  <input type="checkbox"/> Job Line  <input type="checkbox"/> Job Posting	<input type="checkbox"/> Agency Specify: _____ <input type="checkbox"/> Employee  <input type="checkbox"/> College/Campus recruitment	<input type="checkbox"/> Job Fair/Open house  <input type="checkbox"/> Phone Inquiry  <input type="checkbox"/> Walk in  <input type="checkbox"/> Other (specify) _____
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## Polk County

### APPLICATION FOR EMPLOYMENT

Submit completed application to the address indicated on the job announcement.

**Polk County, Iowa**  
 111 Court Ave., Suite 390  
 Des Moines, Iowa 50309  
 Phone: (515) 286-3200  
 E-Mail: [Humanres@co.polk.ia.us](mailto:Humanres@co.polk.ia.us)  
 Web Site: [www.co.polk.ia.us](http://www.co.polk.ia.us)  
 Job Line: (515) 286-3831

*We are an Equal Opportunity/Affirmative Action Employer. We consider applicants for all positions without regard to race, color, sex, sexual orientation, national origin, age, marital or veteran status, the presence of a disability or any other legally protected status. Persons of color, women, and veterans are encouraged to apply. Polk County complies with the Clean Air Act.*

<b>Title of Position applying for:</b>			<b>Application Date:</b>		
Last Name		First	Middle		Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date of birth (month, day, and year) / /
Street Address/Apt. Number			City		State                      Zip
Home Phone (       )			Alternate Phone (       )		
Email Address			Have you previously worked under another name(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, list name(s):		
If any member of your family is currently employed by Polk County, give name, relationship and where employed.			When will you be available to start work?		
If the job requires working weekends and nights, would you be willing to accept it?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously been employed by Polk County? If Yes, where, when?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
EDUCATION					
Circle Highest Year of Education Completed: 8 9 10 11 12 GED Post High School: 1 2 3 4 5 6+			Name and Location of High School/GED:		
Name & Location of Colleges, Universities, Technical Schools Attended <b>Beyond High School</b>		Course Study Degree: Major Field		Graduated Yes/No	Date
Skills Information: (check all that apply)					
<input type="checkbox"/> Computer <input type="checkbox"/> Data Entry _____ kph <input type="checkbox"/> Typing _____ wpm <input type="checkbox"/> 10 Key					
Please list experience, skills, and qualifications which may relate to the job for which you are applying. Include computer software and hardware knowledge (including Word, Excel, Access, Power Point) and machines operated.					

### MILITARY SERVICE

Dates of Active Service	Branch	Final Rank
List kind of work performed and training received while in the Military.		

### PROFESSIONAL/TECHNICAL REGISTRATIONS, LICENSES, OR CERTIFICATIONS

Type	License/Cert. Number	State Issued	Expiration Date

### DRIVER'S LICENSE

<b>If required for the position, do you possess a valid driver's license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, complete the information below.</b>			
Type	License Number	State Issued	Expiration Date
Driver's License			
Chauffeur's License			
Commercial Driver's License (indicate if class A, B, or C)			
CDL Endorsements (specify):			

Have you been discharged or asked to resign from a job?     Yes  No  
 If yes, list employer, dates, reason and explanation.

Are you eligible to work in the United States either because you are a U.S. citizen or have U.S. government permission to do so?     Yes     No

Have you been convicted by a court of a crime within the past 10 years, or do you currently have a charge pending for any felony, misdemeanor, or other offense excluding minor traffic violations?     Yes     No

**(If yes):** on a separate sheet of paper, list your name, the job number/title that you are applying for, and the following details for each offense: the violation, the court (including military), the place and date of conviction, the penalty (fine, sentence, dates of probation), and the name under which conviction, if other than listed above. You may omit any traffic offense for which the fine was less than \$200.00, and any record that has been sealed or expunged by the court. Conviction is not necessarily a bar to employment. Each case is given individual consideration based upon the job relatedness of the offense.

# EMPLOYMENT HISTORY

**YOU MUST COMPLETE THIS SECTION.** Do not attach a resume as a substitute. Give a complete record of all employment for the past ten years and reasons for periods unemployed. Be sure to include all experience, regardless of dates, which demonstrates that you meet the minimum requirements as shown on the announcement for the position. **Attach additional sheets if you need more space to describe duties or list employers.** Include both paid and volunteer work, military service, etc. Start with present or most recent employer.

May we contact your present employer for references?  Yes  No If no, please explain.

1.	Company Name	Telephone ( )
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

2.	Company Name	Telephone ( )
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

3.	Company Name	Telephone ( )
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

4.	Company Name	Telephone ( )
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

## ADDITIONAL REFERENCES

Give name(s) of person(s) familiar with your current abilities who we may contact for a reference. **Please do not list relatives.**

1.	Name	Relationship to Applicant	Organization
	Telephone Home Work		Address
2.	Name	Relationship to Applicant	Organization

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	Telephone Home Work		Address	
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**AUTHORIZATION AND CERTIFICATION**  
**(Be sure to read statement before signing.)**

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I understand that false, incomplete, or inaccurate statements, regardless of when discovered, may result in my disqualification or dismissal from employment with Polk County.

I authorize the employer to investigate all statements contained in this application for employment to include criminal, child and/or dependent adult abuse information, as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

I authorize my prior employers, references, and others with information regarding my work, education history or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by Polk County.

I also understand that if I am offered employment, the offer is conditioned upon receipt of satisfactory employment references, acceptable criminal/abuse background information, driver's license check, and favorable health evaluation, which includes a physical examination. The physical examination for Polk County includes a drug screen for public safety positions.

In accordance with the Iowa Code, Title XIII Commerce, Chapter 554D, Uniform Electronic Transactions Act, 554D.108, my typed signature below serves as my legal written signature for this Electronic Employment Application.

\_\_\_\_\_  
Applicant Name (please print)

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Date of Hire:**

**Agency/Department:**

**Position:**

**Rate:**