Iron County Human Services

Application for Employment Date_____/_____/_____

Remains in effect for a period of 90 days. Any candidate wishing to be considered for employment beyond this time must re-apply.

Personal Data

(Please Print)

Last Name	First Name		Middle Initial
Address	City	State	Zip Code
Telephone(s) Home ( ) Work ( ) E-mail:			
How did you learn about us? ____ Walk-In ____ Advertisement ____ Friend ____ Employee	Other:_____		

Type of Work Desired

Position Applied For:_____

Acceptable Beginning Salary:_____

General Information

Are you available to work: _____Full Time _____Part Time _____ Temporary

- On what date would you be available for work_____/_____/_____
- Can you furnish proof of your legal right to work in the United States? _____Yes _____ No
  Proof of citizenship or immigration status will be required upon employment, along with an 1-9 form
- If under 18 years of age, can your provide required proof of your eligibility to work? _____Yes _____ No
- Have you been convicted of a felony within the last 7 years? _____Yes _____ No
  Conviction may not necessarily disqualify an applicant from employment

If yes, please explain:_____

	Grade School	High School	College or University	Trade School/Other
School Name				
School Location				
Years Completed	5 ☐ 6 ☐ 7 ☐ 8 ☐	9 ☐ 10 ☐ 11 ☐ 12 ☐	1 ☐ 2 ☐ 3 ☐ 4 ☐	
Diploma/Degree (yes,no)				
Major/Minor				
Grade Point Average				
Describe any academic honors received				
Describe any specialized training, apprenticeship, co-op, and skills				

Military Data

Branch of Service:_____ Dates of Service: (start)_____ (end)_____

Have you every had any job related training in the United States Military? ____ Yes ____ No

If yes, please describe**:** _____

Special Skills & Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Is there anything that would prevent you from performing the essential functions of the job as set forth in the job description?
____ Yes ___ No If yes, explain**:** _____

Honor and Activities

Please list all honors, civic, social, and professional activities during your school and professional careers. You may omit those that indicate race, color, religion, age, sex, national origin, marital status, physical disability, or veteran status.

Employer:	**Work Performed**
Address:	
City State Zip Code	
Job Title Supervisor	
Dates Employed: (start) (end)	
Hourly rate/Salary: (start) (end)	
Reason for Leaving:	
Employer:	**Work Performed**
Address:	
City State Zip Code	
Job Title Supervisor	
Dates Employed: (start) (end)	
Hourly rate/Salary: (start) (end)	
Reason for Leaving:	
Employer:	**Work Performed**
Address:	
City State Zip Code	
Job Title Supervisor	
Dates Employed: (start) (end)	
Hourly rate/Salary: (start) (end)	
Reason for Leaving:	
Employer:	**Work Performed**
Address:	
City State Zip Code	
Job Title Supervisor	
Dates Employed: (start) (end)	
Hourly rate/Salary: (start) (end)	
Reason for Leaving:	

If you have a 2 year or longer break in service between jobs, please explain here:

Employees are treated during employment without regard to race, color, religion, age, sex, national origin, marital, or veteran status, medical condition or disability, or any other legally protected status.

The purpose for the Employment Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the sex, ethnicity, disability, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of our Affirmative Action program. Although completion of this Employment Data Record is optional, your assistance in providing the information is appreciated.

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

ELECTION OF AFFIRMATIVE ACTION

☐ Yes, I choose to be involved. ☐ No, I do not choose to be involved

Signature of Applicant Date

Position Applied For:

Check one: ☐ Male ☐ Female

Check one of the following: (ethnic origin)

☐ Asian/Pacific Islander ☐ Native American

☐ Hispanic ☐ Caucasian

☐ African American ☐ Other

Regulations issued by the U.S. Department of Labor with respect to handicapped individuals, disabled veterans, and Vietnam era veterans require that federal contractors provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant is submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please provide any information you wish to submit. If an applicant or employee so identifies himself or herself, the company shall seek the advice of the applicant or employee regarding proper placement and appropriate accommodation.

ARE YOU HANDICAPPED?

☐ No

☐ Yes (Have a physical or mental impairment which substantially limits a major activity or have a history of such impairment)

ARE YOU A DISABLED VETERAN?

☐ No

☐ Yes (Entitled to disability compensation under law administered by Veteran's Administration for disability rated 30% or more OR discharged/released from active duty for disability incurred or aggravated in the line of active duty)

ARE YOU A VIETNAM ERA VETERAN?

☐ No

☐ Yes (Served in active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75 and was discharged/released with other than dishonorable discharge or for a service-connected disability)

ARE YOU A SPECIAL DISABLED VETERAN?

☐ No

☐ Yes (Discharged/released from active duty because of service-connected disability OR entitled to disability compensation [or who, but for receipt of military retired pay, would be entitled to disability compensation] for a disability (I) rated at 30% or more, or (II) rated at 10% or 20% and under 38 U.S.C 1506 has been determined to have a serious employment handicap)

Iron County Human Services provide equal opportunity to all qualified persons, without regard to race, color, religion, age, sex, national origin, marital or veteran status, disability or other legally protected status.

Certification and Agreement

As an applicant for employment with Iron County Human Services

I certify that all information given on this application and accompanying documentation is true and correct.

I understand that any misrepresentation or falsification of information or material omission will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at any later date.

If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound by policies, practices, safety and health rules.

I understand that is an employer at will and that my employment is not guaranteed for any term and that my employment may be terminated by the Company or myself at any time for any reason. No management official is authorized to make any oral assurance or promise of continued employment.

I hereby give the right to make a thorough investigation of my past employment, education, and activities and release from all liability all persons, companies and corporations supplying such information. I indemnify against any liability that might result from making such investigation and acknowledge that the results of any investigation may be grounds for disqualifying me or terminating my employment.

I have read and full understand the contents of the above Certification and Agreement section.

_____ _____

Signature of Applicant Date

PERSONAL REFERENCES (Not relatives)

Name and Occupation	Address	Phone number