Application for Tama County Employment

Secondary Road Department Office
1002 E. 5th Street, Tama, Iowa

Tama County Administration Building
104 W. State Street, Toledo, Iowa

Sheriff's Office and Jail
100 N. Main Street, Toledo, Iowa

Completing this application is your first step toward joining a dynamic workforce dedicated to public service.

In order to present the strongest, most accurate record of your qualifications and and skills, please read this packet and the job announcement carefully prior to preparing your application.

Mail to:

Deliver to:

Tama County Auditor's Office
104 W. State St.
Toledo, IA 52342

Instructions for Completing Application

1) Before Applying

Obtain a copy of the job announcement for the job you are interested in applying for. Job announcements are available at the department posting the job and/or on the Tama County web-site at www.tamacounty.org under Job Information. Check with the department for complete copies.

Compare your education, experience and physical ability with the requirements listed on the job announcement. If you meet the requirements, proceed with the application process. The job announcement will also contain relevant information about duties, special conditions, where jobs are located, physical requirements, your experience with equipment and machinery, and the application closing date. Please indicate whether or not you can perform the essential functions of the job.

- **Non-USA Citizens: Resident Aliens & Non-Resident Aliens:** You must provide the proper documents as proof of your legal right to work in the USA with this job application.

- **Equal Opportunity Employer**
  Tama County is an equal opportunity employer.

  The Equal Opportunity Employment survey in this application does not affect your eligibility for employment. This information is only supplied to government agencies conducting research.

  Your help in completing the survey is appreciated.

2) Application Tips

- ✓ Type or print clearly in ink.
- ✓ Provide *all* requested information.
- ✓ Emphasize your experience and education that relates directly to the requirements on the job announcement. Summarize other experience.
- ✓ Start with your most recent experience and work backward.
- ✓ List experience with equipment and machinery pertaining to the job your are applying for.
- ✓ Submit application (with all requested information) before the close of business on the closing date. Check with the department for acceptable times.
- ✓ Submit a separate application for each job announcement unless otherwise instructed.
- ✓ Legible photocopies may be submitted for other positions but must contain an *original* signature and current date.
- ✓ Make sure that you submit your application to the appropriate County department noted on the job announcement.
- ✓ Your application is subject to public review unless you request that it remain confidential.

3) Now What?

The Department you applied to will notify you of your application's status as soon as possible after the closing date. Please allow time for the necessary verification of your qualifications.

- **Testing**
  If you've met the requirements and a written exam is required, you will receive an exam schedule notice with further instructions.

- **Exam Assistance**
  Assistance will be provided to persons of disability whose conditions would interfere with taking an exam.

- **Pre-employment Physical**
  If you are offered employment the department may request a physical from your doctor prior to your first day of work. You must take a copy of the job description to your doctor in order for him/her to evaluate your ability to physically perform the essential work described.

- **Driving Record**
  Your authorization to allow the County to receive a report of your driving record will also allow the County to continue monitoring your driving record if you are employed. To receive mileage reimbursement for using your personal vehicle on County business, you must have a good driving record.

Application for Employment
TAMA COUNTY, IOWA

Part 1. GENERAL INFORMATION (Your application is subject to public review unless you request that it remain confidential)

Is there any reason you would not be able to perform the essential functions of this job?		**YES**		**NO** If you answered YES, please explain.
POSITION APPLIED FOR: (Job title)				COUNTY DEPARTMENT
NAME (Last, First, and Middle Initial)				
MAILING ADDRESS (Include apartment number, if any)				HOME TELEPHONE
CITY	STATE	ZIP		WORK (or message) TELEPHONE

Employment Preferences:

- Are you able to travel to meetings and training sessions as part of this job? ☐ YES ☐ NO

Check types of employment you will accept:

SHIFT			SCHEDULE						DEPARTMENT
DAY TIME			FULL-TIME		TEMPORARY				
OTHER		(SPECIFY)	PART-TIME		SEASONAL		INTERMITTENT (On-Call)		

Part 2. BACKGROUND INFORMATION

- You must complete the following driver's license information and/or other special licenses or certificates necessary for the position:

License Type	License Number	Expiration Date
Driver's License or CDL		
OTHER: (attach copies)		

1. Have you had 3 or more traffic violations in past 3 years?*		YES		NO*
2. Has your driver license ever been suspended or revoked?		YES		NO

Resident Aliens & Non-Resident Aliens: You must provide proof of your legal right to work in the USA.

Have you been convicted of a misdemeanor or felony within the past ten (10) years that might unfavorably affect your fitness for this job?

☐ YES ☐ NO

(Answering yes will not automatically bar you from employment).

*You must answer NO (Question 1 above) to be eligible to drive a county vehicle or use your vehicle on county business, or receive mileage reimbursement.

If you answered YES to any question in Part 2, please explain. (Attach additional sheets if necessary)

Part 3. MOTOR VEHICLE RECORDS RELEASE (Statement of Authorization)

Statement of Authorization: I am aware that motor vehicle reports may be obtained as part of Tama County's evaluation only for my job application and/or employment. The reports may be procured by Tama County or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, or an assessment of my insurability for the County's insurance program. By signing this statement, I hereby provide my authorization for Tama County or their insurance company representative(s) to procure such information and reports, from time-to-time as deemed appropriate, to evaluate my insurability.

Your Signature for Authorization here™ ™

Part 4. EDUCATION AND TRAINING (Review of Education)

Have you graduated from high school or passed the GED? ☐ YES ☐ NO

List college, business school, military training, and other relevant education below:

(You may attach your resume to substitute for Part 4. You may attach additional sheets to Part 4, if necessary)

School Name and Location	Month and Year Attended	Credits Earned: Quarter	Credits Earned: Semester	Credits Earned: Other	Major	Type of Degree Awarded	Year Received
1	From / To						
2	From / To						
3	From / To						

Part 5. EMPLOYMENT HISTORY (Review of Experience)

Use this section for both paid and non-paid experience. Include equipment and/or machinery operation pertaining to this job.
(You may attach your resume to substitute for Part 5. You may attach additional sheets to Part 5, if necessary)

1. Present or Last Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From /To		Total Months	Average Hours /Per Week / Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer 4	Number of Employees Supervised
Specific Duties/Machinery Operation:			Can Tama County contact this employer?	YES NO
2. Previous Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From /To		Total Months	Average Hours /Per Week / Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer 4	Number of Employees Supervised
Specific Duties/Machinery Operation:			Can Tama County contact this employer?	YES NO
3. Previous Employer		Employer's Address		Employer's Phone Number
Your Title	Months & Years Employed in this Position From /To		Total Months	Average Hours /Per Week / Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer 4	Number of Employees Supervised
Specific Duties/Machinery Operation:			Can Tama County contact this employer?	YES NO

Part 6. SKILLS, KNOWLEDGE, & ABILITIES

LIST YOUR SKILLS, KNOWLEDGE, AND ABILITIES SUCH AS OFFICE SKILLS & EQUIPMENT, COMPUTERS, SOFTWARE, MACHINERY, HEAVY EQUIPMENT:

Part 7. VETERAN'S INFORMATION

If you are a Veteran of the U.S. Armed Forces, do you want to be considered for Veteran's preference? _____
Note: To qualify for and receive veteran's preference, attach a copy of your discharge form (DD214) with this job application.

Part 8. DATE AND SIGNATURE (To affirm the information on this application is true)

FOR THIS APPLICATION TO BE COMPLETE, YOU MUST SIGN AND DATE THIS APPLICATION.

All answers and statements are true and complete to the best of my knowledge. I understand that the County may verify information and may contact current or previous employers named in this application, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from consideration or dismissal if employed. I understand that a poor driving record may prohibit my driving a county vehicle and restrict mileage reimbursement for county business in my personal vehicle.

™ ™ ™ ™

Date (Month/Day/Year) _____ Signature _____

EQUAL EMPLOYMENT OPPORTUNITY Survey Form

To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel.

Name (Last, First, Middle Initial)	Job Announcement Position/Department	Date of Birth	

1. What race(s) or culture(s) do you consider yourself? (check)

- ☐ Black/African-American
- ☐ Caucasian/White
- ☐ Asian or Pacific Islander (API)
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Hawaiian
  - ☐ Korean
  - ☐ Samoan
  - ☐ Guamanian
  - ☐ Vietnamese
  - ☐ Asian Indian
  - ☐ Japanese
  - ☐ Cambodian
  - ☐ Laotian
  - ☐ Other API, specify:
- ☐ American Indian (*Please identify name of the enrolled or principal tribe below*)

_____

- ☐ Eskimo
- ☐ Hispanic
- ☐ Mexican, Mexican - American
- ☐ Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Other Spanish, specify:
- ☐ Other Race or Multi-Racial preference (specify):

_____

2. Are you ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Forces?

- ☐ No ☐ Yes* Dates:
- ☐ Vietnam Era Veteran
- ☐ Disabled Veteran (Percent of disability: _____(%)

** If you checked yes, attach a copy of your DD214 to your application.*

4. **Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions**, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning? ___ Yes ___ No

Please see the definition of "disabilities" below.

I certify that this information is true and accurate to the best of my knowledge.

_____ Date

_____ Signature

Definitions

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian or Pacific Islander. A person with origins in any of the original peoples of the Far East, Taiwan, Southeast Asia, Japan, Korea, India, Pakistan, the Philippine Republic, and Samoa

Black/African-American. A person with origins in any of the Black racial groups of Africa

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Equal Emplcyment Opportunity purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; cr (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.