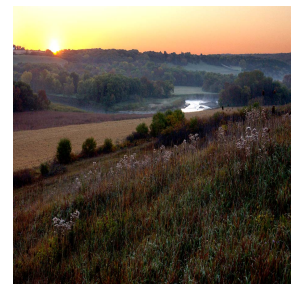


O'BRIEN COUNTY IOWA

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Drivers License No.
Position Applied for		Please list skills, qualifications, Professional licenses & training on reverse side →	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this county?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you been convicted of any crime in the last 7 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Are you willing to relocate? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION (INCLUDE TECHNICAL SCHOOLS)			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ **Date:** _____



O'Brien County Home Base Iowa Businesses

Please indicate which businesses you would like your application sent to:

- A Country Florist
- Ag Partners
- Ameriprise Financial
- Aventure Staffing
- B & R Excavating
- Bogenrief Studios
- Cain Ellsworth
- Citizens State Bank
- Community Memorial Health Center
- Compass Pointe Behavioral Health Services
- Country Crusher
- Dan Engelsman Accounting
- Dave's Appliance
- Don's Sheet Metal
- Downtown Hardware
- Farm Bureau Services
- Farmers COOP
- Fieldcrest
- G & E Cabinetry
- GCC Ready Mix
- Godfathers Pizza
- Hohbach Construction
- Hope Haven, Inc.
- Independent Dental
- Iowa State Bank
- Johnston Auto Stores
- JT Trucking
- JTV
- Kens Feed
- Larry G Postma Attorney
- Main Street Market
- Maintainer Corp.
- Marcus News
- Midwest Independent Soil Samplers
- Millcreek Machining
- Morgan Collison and Tire
- Mugshots
- Muller Furniture
- ND Millwork
- Northwest Ag Technologies
- Northwest Iowa Community College
- O'Brien County Conservation
- Old Market Antiques
- Paullina Chiropractic
- Paullina Locker
- Peoples Bank
- Poppema-Sikma Construction
- ProActive Physical Therapy & Sports Rehab
- Revolution Consignment
- Riedamen Transport
- ROC Management and Associates
- Roorda Dairy
- Rosenboom Manufacturing
- Sanford
- Security State Bank
- Sheldon Family Dental
- Sicklecka Ag
- South O'Brien Community School
- Sutherland Lumber
- The Menagerie Floral & Gift
- Thrifty White Pharmacy
- Time After Time - Trophy World
- Top Line Feed
- Top Notch Stitching
- United Foods
- Upper Des Moines Opportunity
- Village Northwest Unlimited
- Vogel Paint & Glass
- Weidman True Value
- White Wolf Web
- Williams & Company CPA
- Wolff, Whorley, DeHoogh & Schreurs, Attorneys at Law
- Zubs