

# BLACK HAWK COUNTY JOB APPLICATION INSTRUCTION SHEET

Thank you for your interest in employment opportunities with Black Hawk County. The following information will help you with your application process:

Job applications are taken only for positions advertised or posted outside the Human Resources office. This application packet consists of four (4) forms:

1. APPLICATION FOR EMPLOYMENT: Please complete the entire 5-page form, including reading, dating, and signing the Verification Statement and the Background and Employment Information Authorization and Release on the last two pages before returning your application to Human Resources.
2. VOLUNTARY INFORMATION – VETERAN: This voluntary form may be completed by an eligible and qualified veteran to elect preference in employment under Iowa Code Section 35C.1. Please do not complete or sign this form if you are not a Veteran.
3. CRIMINAL AND CHILD/DEPENDENT ADULT ABUSE FORM: This form must be completed only if you are applying for a position at the Country View Care Facility, the Youth Shelter, or the Health Department. The term “convicted” includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.
4. AFFIRMATIVE ACTION DATA FORM: This voluntary form is used only for statistical purposes in our compliance with government reporting requirements. The form is confidential and will not be furnished or used in the employment process.

Completed application packets should be returned to the Black Hawk County Human Resources Department, 316 E. Fifth Street, Waterloo, IA 50703.

Please be aware that if a job offer is made, you may be required to pass a pre-employment physical and drug screen. Some positions also require a driving record check, criminal history check, and/or child/dependent adult abuse record check.

Individuals who are required to drive as a function of their job must have a valid Iowa driver’s license and be able to meet the County’s insurance provider’s guidelines, including:

- A. No more than three moving violations within a three-year period;
- B. No more than two accidents in three years where you were determined to be at fault; and
- C. No license suspensions/revocations due to Operating While Intoxicated (OWI) within five years.

Your Application for Employment will remain on file for 6 months. During that time, you may activate it for position openings other than that initially applied for by contacting Human Resources at telephone number (319) 833-3009.

**Thank you for applying with Black Hawk County.**

# Application for Employment

## Black Hawk County

316 E. Fifth Street, Waterloo, IA 50703

Please let us know if you do not understand an item or need help to complete this form. **Honest Information Required** - If you provide false, inaccurate, or incomplete information in this application form or in any interview, or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment; or, if you are hired, you will be subject to termination.

Position(s) Applied For:	Date of Application
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### PERSONAL INFORMATION

Last Name	First	Middle	Social Security Number (voluntary)		
Street Address		City		State	Zip Code
Home Phone (     )	Alternate Phone (     )	Email Address			Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
List any other names that you have previously used to identify yourself, and identify the period of time that you used the name.					
Are you legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> (If offered employment, eligibility documentation must be produced within 3 work days.)					
Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.</i> If "yes," state the type of conviction, the county and state where it occurred, the year, and a description of the offense.					
(Convictions will not necessarily bar you from employment. Rather, the number, nature, seriousness, and recency of the convictions will be considered as it relates to the job for which you are applying.)					
Have you previously been employed by Black Hawk County? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes," indicate dates, position held, department/location, and your reason for leaving.					

### WORK SOUGHT

Indicate type of employment sought (check only those that you will accept): Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> 1 <sup>st</sup> Shift <input type="checkbox"/> 2 <sup>nd</sup> Shift <input type="checkbox"/> 3 <sup>rd</sup> Shift <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> If the job requires working weekends and holidays, would you be willing to accept it? Yes <input type="checkbox"/> No <input type="checkbox"/>
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### EDUCATION

Have you graduated from high school? Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>	Name and location of High School/GED:				
Name and Location of Schools Attended <i>Beyond</i> High School	Major Course of Study	No. of Years	Graduated Yes/No	Educational Degree Received	

**Black Hawk County is an equal opportunity employer and selects the best qualified individual for the position based on job-related qualifications, regardless of age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, ancestry, disability, familial status, veteran status, or other status protected by federal or state law or local ordinance.**

**WORK EXPERIENCE** - List either your last four (4) places of employment or up to ten (10) years of employment history, starting with your present or most recent employer. Please respond to the following information completely--a resume may be included but cannot substitute for the requested information.

PRESENT & FORMER EMPLOYERS (List most recent first)		Please Print	
Company Name:	Dates of Employment: From (mo./yr.) To (mo./yr.)		
Street Address:	Job Title/Position:		
City, State, ZIP:	Reason for Leaving:		
Name of Supervisor & Phone No.:	Hours worked per week:	Wage:	
May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?			
Job Duties/Responsibilities:			
Company Name:	Dates of Employment: From (mo./yr.) To (mo./yr.)		
Street Address:	Job Title/Position:		
City, State, ZIP:	Reason for Leaving:		
Name of Supervisor & Phone No.:	Hours worked per week:	Wage:	
May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?			
Job Duties/Responsibilities:			
Company Name:	Dates of Employment: From (mo./yr.) To (mo./yr.)		
Street Address:	Job Title/Position:		
City, State, ZIP:	Reason for Leaving:		
Name of Supervisor & Phone No.:	Hours worked per week:	Wage:	
May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?			
Job Duties/Responsibilities:			
Company Name:	Dates of Employment: From (mo./yr.) To (mo./yr.)		
Street Address:	Job Title/Position:		
City, State, ZIP:	Reason for Leaving:		
Name of Supervisor & Phone No.:	Hours worked per week:	Wage:	
May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why not?			
Job Duties/Responsibilities:			

If any member of your family is currently employed by Black Hawk County, please state their name and relationship: \_\_\_\_\_

If the position you are applying for requires it, do you have a valid Iowa driver's license? Yes  No  N/A   
 If you do not have an Iowa driver's license, but have a valid driver's license from another state, please identify the state: \_\_\_\_\_

Do you have a Commercial Driver's License (CDL)? Yes  No  If "yes," list any CDL Endorsements: \_\_\_\_\_

**PROFESSIONAL LICENSES AND/OR CERTIFICATES**

Type	License/Cert. Number	State Issued	Expiration Date

Have you ever had any license or certificate of any kind suspended or revoked? Yes  No  If yes, state the type of license or certificate, the regulatory agency or body making the suspension/revocation, the date(s) of suspension/revocation, and the reason for the suspension/revocation:

\_\_\_\_\_

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\_\_\_\_\_

**SPECIALIZED SKILLS**

**EQUIPMENT OPERATED**

Please indicate with a checkmark below if you have experience with the following: PC/MAC ____ wpm ____ MS Word ____ Shorthand ____ wpm ____ MS Excel ____ Data Entry ____ kph ____ MS Access ____	List any production or mobile machinery that you have experience operating: _____ _____ _____
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List any military training, special training, or other skills/experience you have that would apply to the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES** – Provide names of four references familiar with your current skills and abilities. Please do not include supervisors listed in the Work Experience section or family members.

1	Name	Occupation	Organization/Employer	
	Street Address	City and State	Work Phone	Home Phone
	Relationship to Applicant	How Individual Knows You		
2	Name	Occupation	Organization/Employer	
	Street Address	City and State	Work Phone	Home Phone

	Relationship to Applicant	How Individual Knows You		
3	Name	Occupation	Organization/Employer	
	Street Address	City and State	Work Phone	Home Phone
	Relationship to Applicant	How Individual Knows You		
4	Name	Occupation	Organization/Employer	
	Street Address	City and State	Work Phone	Home Phone
	Relationship to Applicant	How Individual Knows You		

**VERIFICATION STATEMENT - PLEASE READ CAREFULLY BEFORE SIGNING:**

I hereby certify that the statements made by me in this Application for Employment, as well as any accompanying resume and all related information which I have provided are true, accurate and complete to the best of my knowledge.

**I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the Employer discovers the violation of its policy regarding application form dishonesty.**

If the position for which I am applying requires it, I understand that any offer of employment made to me by Black Hawk County may be made contingent upon my passing a job-related physical examination and/or controlled substances screening by the County's designated medical provider. I also understand that before any conditional offer of employment is made by Black Hawk County, I must sign authorization and release forms which give Black Hawk County permission to conduct any of the following checks that may be required for the position I am being considered for: (1) education verification, (2) employment references, (3) criminal history record check, (4) child/dependent adult abuse check, and/or (5) Iowa driver's record check.

I understand that completion of this Application for Employment does not guarantee that I will be employed by Black Hawk County and that this application is not a contract of employment. If an employment offer is extended to me and I accept it, I understand that I am required to abide by all applicable policies, procedures, rules and regulations established by Black Hawk County. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with Black Hawk County, or which could reflect adversely on the County.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Your Employment Application will remain on file for six (6) months. During that time, you may activate it for position openings other than that initially applied for by contacting the Black Hawk County Human Resources Department at telephone (319) 833-3009.**

**FOR OFFICE USE ONLY**

Date of Hire:	Department:	Position:	Rate of Pay:
Reference Check: Date:	Application Sent: Date:		
To:	Dept.		

**BACKGROUND AND EMPLOYMENT INFORMATION**  
**AUTHORIZATION AND RELEASE**

I, the undersigned, have applied for employment with **Black Hawk County**, 316 E. Fifth Street, Waterloo, Iowa 50703, which requires a comprehensive background investigation to be completed prior to an offer of employment. In an Application for Employment form that I have completed with Black Hawk County, I have identified your organization as either a present or former employer.

Regardless of any agreement that I may have made with you previously to the contrary, I hereby authorize any duly accredited representative of your organization to provide any information requested by the County's representative, positive or negative, concerning my employment with your company for purposes of possible employment with Black Hawk County. The information which may be requested and which I authorize you to release about my employment with your company includes, but is not limited to:

- Positions held and dates of employment
- Performance evaluations
- Assessment of strengths, skills, abilities
- Reasons for leaving employment
- Whether would rehire and why or why not
- Attendance and punctuality
- Other information pertinent to the position
- Training
- Experience
- Qualifications
- Criminal record
- Professional conduct
- Disciplinary actions
- Salary or hourly wage

Any information acquired by Black Hawk County under this authorization shall be for their confidential use only, and shall not be communicated in any way to other employers, agencies, educational institutions or any other business or organization requesting such information for any purpose. Furthermore, Black Hawk County shall use the information acquired under this authorization solely to determine the applicant's fitness for the position available or to verify information supplied by the applicant.

To the extent permitted by law, I hereby release your organization, as my present or former employer, from any and all liability resulting from the release of such information to Black Hawk County upon request of its representative. This Release covers all injuries, damages, and claims, whether known or not and which may hereafter appear or develop, arising from the provision of such information as authorized herein. Specifically, the undersigned agrees to discharge your organization, agents, and any records custodians or other employees, from any and all liability for damages of whatever kind and nature that may at any time result to me on account of compliance or any attempts to comply with this authorization, including claims resulting from or due to the good faith release of information arising under: breach of contract; interference with contractual relations; unintentional misrepresentation; any violation of a State or Federal constitution; invasion of privacy; defamation/slander; or any other federal or state violation or cause of action including the undersigned's individual contract of employment or applicable collective bargaining agreement, whether currently in effect or previously in effect.

\_\_\_\_\_  
Signature of Prospective Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Prospective Employee

# BLACK HAWK COUNTY

## VOLUNTARY INFORMATION—VETERAN

If an applicant meets certain eligibility criteria, and there are no other applicants with greater qualifications, an eligible and qualified veteran may be entitled to preference in employment under Iowa Code §35C.1. A veteran is an individual who meets the definition set forth in Iowa Code §35.1.

**If the applicant indicates below that he/she is a veteran, Black Hawk County may perform a background check into the applicant's military service record for verification of eligibility under Chapter 35C.**

Refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified as a veteran, please check any of the categories indicated below that are applicable to your status as a veteran.

I am an honorably discharged citizen and resident of the state of Iowa, who served in the armed forces of the United States at some time during the following dates:

- World War II from December 7, 1941 through December 31, 1946 or a former member of the active, oceangoing merchant marines who served at any time within those dates and was honorably discharged or a former member of the women's air force service pilots or another person who has been conferred veterans status based on my civilian duties during World War II in accordance with federal Pub. L. No. 95-202, 38 U.S.C. § 106.
- Korean conflict from June 25, 1950 through January 31, 1955 or a former member of the armed forces of the United States and a portion of my time of enlistment occurred within those dates, but I instead opted to serve five years in the reserve forces of the United States, as allowed by federal law, and I was discharged under honorable conditions.
- Vietnam conflict from February 28, 1961 through May 7, 1975.
- Lebanon or Grenada service from August 24, 1982 through July 31, 1984.
- Panama service from December 20, 1989 through January 31, 1990.
- Persian Gulf conflict from August 2, 1990 through the date the President or Congress of the United States declares a cessation of hostilities.

**I am a former member of:**

- the reserve forces of the United States who served at least twenty years in the reserve forces after January 28, 1973, and who was discharged under honorable conditions.
- the reserve forces of the United States who completed a minimum aggregate of ninety days of active federal service, other than training, and was discharged under honorable conditions, or was retired under Title X of the United States Code.
- the Iowa national guard who served at least twenty years in the Iowa national guard after January 28, 1973, and who was discharged under honorable conditions.
- the Iowa national guard who was activated for federal duty, other than training, for a minimum aggregate of ninety days, and was discharged under honorable conditions or was retired under Title X of the United States Code.

The undersigned applicant, \_\_\_\_\_, hereby authorizes any veteran, military, or other government agency to provide information which is necessary to verify applicant's eligibility for veterans preference to Black Hawk County, 316 East 5<sup>th</sup> Street, Waterloo, Iowa 50703. Any information acquired by the County under this authorization shall be for their confidential use only. Furthermore, the County will use the information acquired under this authorization solely to determine the applicant's eligibility for a veterans preference only in the position applied for.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

# CRIMINAL and CHILD/DEPENDENT ADULT ABUSE

**IF YOU ARE APPLYING FOR A POSITION AT COUNTRY VIEW CARE FACILITY, THE YOUTH SHELTER, OR THE HEALTH DEPARTMENT, YOU MUST COMPLETE THIS FORM.**

Full Name (First, Middle, Last): \_\_\_\_\_

Is there any other name that you have previously used to identify yourself? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If so, please list other names in the space below and the period of time the name was used:

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1. Have you ever been convicted of a felony in Iowa or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever been convicted of a misdemeanor in Iowa or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

*The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.*

3. If you answered "yes" to either of the preceding questions, you must provide detailed information below, including the type of conviction, the approximate date and location (city/county and state) of the conviction, and a description of the offense. If additional space is needed, please use the back of this form. \_\_\_\_\_

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**Note:** Convictions **will not** necessarily bar you from employment. We will consider the number, nature, seriousness, and recency of the convictions in making our decision.

4. Do you have a record of founded child abuse or dependent adult abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that the answers above are true and correct. I understand that providing false or misleading information on this form or during an interview may result in my disqualification from further consideration for employment or my immediate discharge from employment if discovered after I am employed.

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

\_\_\_\_\_  
Date

**BLACK HAWK COUNTY  
AFFIRMATIVE ACTION DATA FORM**

This voluntary form will be separated from the employment application upon receipt. The information is requested for use by the Human Resources Department to assist us in complying with Equal Employment Opportunity/Affirmative Action reporting and will be used for statistical purposes only. This is a voluntary form and you may elect to not furnish the information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

A. **Gender:**  Male  Female

B. **Racial/Ethnic Group:**  White (not of Hispanic origin)  
 Black (not of Hispanic origin)  
 Asian/Pacific Islander  
 American Indian/Alaskan Native  
 Hispanic  
 Other \_\_\_\_\_

C. **TYPE OF POSITION APPLIED FOR:**

- CLERICAL (Office Technician/Specialist, Account Technician/Specialist, etc.)
- TECHNICAL (CNA, Developmental Aide, LPN, Residence Counselor, Home Care Aide, Computer Operator/Programmer, etc.)
- PROFESSIONAL/MANAGEMENT (Attorney, Social Worker, RN, PHN, Programmer/Analyst, etc.)
- PUBLIC SAFETY (Deputy Sheriff, Dispatcher, Booking Clerk, etc.)
- LABOR/TRADES (Equipment Operator –CDL required, Mechanic, Eng Tech, etc. )
- SERVICE MAINTENANCE (Cook, Food Service Worker, Building Cleaner, Laundry Worker, Driver, etc.)
- OTHER (co-op) specify \_\_\_\_\_

D. **Do you have a disability?**  No  Yes, Blind  Yes, Deaf  
 Yes, Paralysis  Yes, Epilepsy  
 Yes, Diabetes  Yes, Cardiac  
 Yes, Other: \_\_\_\_\_

E. **Are you a veteran of the U.S. Military Service?**  No  Yes

F. **How did you initially find out about this job opening?**

- Posting on County Bulletin Board  Waterloo Courier  County Employee
- Iowa Workforce Development  Education Institution  Walk-in

Other Source (please indicate): \_\_\_\_\_