

# APPLICATION FOR EMPLOYMENT

BUTLER COUNTY  
P.O. BOX 325  
ALLISON, IA 50602

Complete Both Sides

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Are You a Veteran      Yes       No       Dates \_\_\_\_\_

## Education and Training

	Years Completed	Did You Graduate
Elementary		
High School		
College		
Post Graduate		

List any special training (vocation schools, short course, workshops, etc.) that you might have that would aid in the performance of this position for which you are applying: (attach an additional sheet if necessary)

If the job announcement requires the operation of specific machinery or special skills, list those at which you are competent: (attach an additional sheet if necessary)

List the name, title, and address of three persons with knowledge of your character, experience and ability. Do not list Relatives:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address Telephone No.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address Telephone No.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address Telephone No.

**Employment Record**

Begin with present or most recent employer and continue for the past 15 years.

(Attach an additional sheet if necessary)

Dates employed \_\_\_\_\_ Position held \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

Dates employed \_\_\_\_\_ Position held \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

Dates employed \_\_\_\_\_ Position held \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

**Certification of Applicant: Read Carefully**

*I hereby Certify that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, I will be dismissed from the service, and I will be disqualified from applying in the future for any positions with Butler County. I further authorize Butler County to make all necessary and appropriate investigations to verify the information contained herein. I hereby authorize Butler County to check my driving record.*

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