



Public Health
Prevent. Promote. Protect.

TAMA COUNTY PUBLIC HEALTH & HOME CARE

129 West High Street Toledo, Iowa 52342

PH: 641-484-4788 FAX: 641-484-5447

Email: health@tamacounty.org



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EMPLOYMENT APPLICATION

Personal Data

Date _____

Name _____ Social Security # _____
Last First Middle

List previous Last name(s) (marriage or maiden) _____

Present Address _____
Street PO Box Number
City State ZIP

Home Telephone # () _____ Work or Alt. # () _____

Previous Address _____
Street PO Box Number
City State ZIP

Position(s) Applied for: 1) _____
2) _____

Minimum Income Requirement _____

1) Have you worked for us before? _____ If yes, when? _____

2) If hired, on what date will you be available for work? _____

3) What hours are you available for work? _____

4) If driving is required of this position:

- a. Do you have a reliable means of transportation? _____
- b. Do you have a current valid IA driver's license? _____
- c. Driver's license number _____
- d. Are you currently covered by auto liability insurance? _____
- e. Insurance carrier _____
- f. Have you had more than three violations within the past three years? _____
- g. Any objections to travel, if required by job? _____

5. If you have alien status and are hired, can you provide written evidence of your right to work in the U.S.? _____

continued personal data.....

6. Please list any reason known to you why you might be unable to perform consistently and promptly any of the job duties:

7. Any objections to occasional overtime work? _____

8. Have you ever been disciplined or fired? _____

Why? _____

9) Do you have a record of founded child or dependent adult abuse, or have you ever been convicted of a crime in this state or any other state, excluding minor traffic offenses? _____

If yes, please provide details: _____

10) Is there any reason why you may not be able to accept employment, if offered, with this agency? _____

If yes, please explain: _____

11) Has your professional license, if required for this position, ever been revoked? _____

If yes, please explain: _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND CITY	YEARS ATTENDED	GRADUATED If yes, give month, year	COURSE OR MAJOR
Grammar or Grade School				
High School				
Junior College				
College				
Post Graduate				
Business or Trade				
Other				

MILITARY SERVICE RECORD

Have you ever served in the Armed Forces? Yes No

If yes, what branch?

Date of duty: From _____ **Month** _____ **Day** _____ **Year** _____
To _____ **Month** _____ **Day** _____ **Year** _____

What were your duties in the service (include special training and Duty station)?

Honorably Discharged? Yes No

WORK HISTORY
(List in order, last or present employer first)

1.
From: _____ **To:** _____ **Position Title:** _____
Name of Employer: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting salary: \$ _____ **Ending salary:** \$ _____
Reason for wanting a job change: _____

2.
From: _____ **To:** _____ **Position Title:** _____
Name of Employer: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting salary: \$ _____ **Ending salary:** \$ _____
Reason for wanting a job change: _____

Work History continued.....

3.
From: _____ **To:** _____ **Position Title:** _____
Name of Employer: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting salary: \$ _____ **Ending salary:** \$ _____
Reason for wanting a job change: _____

4.
From: _____ **To:** _____ **Position Title:** _____
Name of Employer: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____
Summary of job duties: _____

Likes about job: _____
Dislikes about job: _____
Starting salary: \$ _____ **Ending salary:** \$ _____
Reason for wanting a job change: _____

May we contact the employers listed on the previous pages? YES NO

If not, please indicate which one(s) you do not wish us to contact.

Are there any other experiences, skills, or qualifications which you feel are relevant to this job that have not already been mentioned?

I hereby certify that the answers given by me to all the questions contained on this application form are true and correct. If employed by the Tama County Public Health & Home Care, I will comply with all rules and regulations of the Tama County Public Health & Home Care. I agree to submit to a physical examination (if required) and authorize anyone to give this Agency any credit information concerning me. I also authorize my former employers to give any information they have regarding me, whether or not it is on their records. I hereby release them and the Agency from all liability for any damage whatsoever for issuing same. If upon investigation, anything in this application is found to be untrue, or if I do not pass the physical examination (if required) I understand I will be subject to dismissal.

Signature

Date

PERSONAL REFERENCES (list 3) (May use friends, co-workers, professionals acquaintances – NOT relatives)
Be sure to give complete addresses

Name _____ Phone __ (____) _____
Address _____ (street) _____ (city) _____ (state) _____ (zip)
Relationship _____ Years Known _____

Name _____ Phone __ (____) _____
Address _____ (street) _____ (city) _____ (state) _____ (zip)
Relationship _____ Years Known _____

Name _____ Phone __ (____) _____
Address _____ (street) _____ (city) _____ (state) _____ (zip)
Relationship _____ Years Known _____