

**PLYMOUTH COUNTY
APPLICATION FOR EMPLOYMENT
TREASURER'S OFFICE – Driver's License Examiner**

"PLYMOUTH COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER"
Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on the application is intended to secure information to be used for such discrimination.

(Please print or type all information except signature.)

Date _____

GENERAL INFORMATION

Position(s) Applied For: **part-time Driver's License Examiner**

Name _____

Address _____

Social Security Number _____

Home Telephone _____

Cell Phone _____

E-mail address _____

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

Are you a United States citizen? Yes No If no, do you have a work permit? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

When are you available for work? _____

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No
If yes, please explain _____

Are you a veteran of the United States military service? Yes No
If yes, please list what branch of service and years of service _____

If yes, did you receive an honorable discharge? Yes No

EDUCATION

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | # OF YEARS | MAJOR or DEGREE |
|----------------------|----------------|----------|------------|-----------------|
| High School | | | | |
| College | | | | |
| Graduate School | | | | |
| Bus. Or Trade School | | | | |
| Professional School | | | | |

COMPUTER SKILLS

Check off those computers skills with which you are proficient (any version).

- PC Users
 Macintosh User
 Windows
 Microsoft Word
 Microsoft Access
 Microsoft Excel
 Microsoft Publisher
 Web Page Design/Maint.
 E-mail
 Internet
 Other. Please list _____

DRIVER'S LICENSE

Do you have a driver's license? Yes No

Driver's License # _____ State of issue _____

Operator
 Commercial (CDL)
 Chauffeur

Expiration Date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g. fluency in other languages, licenses, specialized training, apprenticeships, or job related military training.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

| | |
|---|---|
| Employer: | |
| Address: | |
| Job Title: | Supervisor: |
| Dates of Employment: From: To: | Rate of Pay: Starting: Ending: |
| Work Performed: | |
| | |
| Reason for Leaving: | |

| | |
|---|---|
| Employer: | |
| Address: | |
| Job Title: | Supervisor: |
| Dates of Employment: From: To: | Rate of Pay: Starting: Ending: |
| Work Performed: | |
| | |
| Reason for Leaving: | |

| | |
|---|---|
| Employer: | |
| Address: | |
| Job Title: | Supervisor: |
| Dates of Employment: From: To: | Rate of Pay: Starting: Ending: |
| Work Performed: | |
| | |
| Reason for Leaving: | |

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

References

Please list two references other than relatives or previous employers.

| | |
|-----------------|-----------------|
| Name _____ | Name _____ |
| Position _____ | Position _____ |
| Company _____ | Company _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Telephone _____ | Telephone _____ |

WAIVERS AND DISCLOSURES

Please read each section carefully and sign below.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant

Date

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Thank you for applying to Plymouth County.

**Return application to:
Plymouth County Treasurer
215 4th Ave SE
Le Mars IA 51031**