



An Equal Opportunity Employer  
 Polk County is a Drug Free Workforce  
 APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

**Please answer every question. Use INK, PRINT PLAINLY.**

**1. APPLYING FOR:**

Date: \_\_\_\_\_  Full-time  Part-time  Temporary

Position or Type of Work Desired \_\_\_\_\_

Are you willing to work: \_\_\_Shifts? \_\_\_Saturdays? \_\_\_Sundays? \_\_\_Holidays? \_\_\_Overtime?

**2. HOW DO WE CONTACT YOU?**

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**3. TELL US ABOUT YOUR EDUCATION:**

High School (Name) \_\_\_\_\_ Location \_\_\_\_\_

Diploma  Other (Specify)  \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

College Graduate? Yes No If no, give total credit received \_\_\_\_\_

Your Name While Attending School, If Different \_\_\_\_\_

**Give name & address of school, major course of study, and degree received.**

Undergraduate College/University \_\_\_\_\_ Graduate School \_\_\_\_\_

Degree \_\_\_\_\_ Year Obtained \_\_\_\_\_ Degree \_\_\_\_\_ Year Obtained \_\_\_\_\_

Pertinent Undergraduate Courses \_\_\_\_\_ Credits \_\_\_\_\_ Pertinent Graduate Courses \_\_\_\_\_ Credit \_\_\_\_\_

**Job-Related Training And Course Work**

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency.)

\_\_\_\_\_

# Military Service Record

Have you served in the Armed Forces of the United States?

Yes

No

Date entered: \_\_\_\_\_ Branch of Service \_\_\_\_\_ Highest Rank Held \_\_\_\_\_

Date of discharge \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

## 4. TELL US ABOUT YOUR WORK EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. **A resume may be attached, but not substituted for completing this section.**

1. Name of Present or Last Employer \_\_\_\_\_

Address \_\_\_\_\_ :Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours per Week \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ May we contact this employer? Y N

Job Duties (give details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving

\_\_\_\_\_  
\_\_\_\_\_

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2. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours per Week \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ May we contact this employer? Y N

Job Duties (give details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving

\_\_\_\_\_  
\_\_\_\_\_

3. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone -( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours per Week \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ May we contact this employer? Y N

Job Duties (give details)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving  
\_\_\_\_\_  
\_\_\_\_\_

4. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours per Week \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ May we contact this employer? Y N

Job Duties (give details)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving  
\_\_\_\_\_  
\_\_\_\_\_

Do you possess a valid driver's license? Y N \_\_\_\_\_  
(State)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Class: A B C D E F M G

Do you have any relatives employed with Polk County? If yes, please provide names below:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Location \_\_\_\_\_





## Polk County Government Pre-Employment Requirements

In the event that you are offered a position with Polk County Government, the following requirements must be met:

- Passing the required background check for your position;
- Passing the required Pre-Employment Drug Test;
- Passing the required Pre-Employment Physical;
- Passing the required Psychological Evaluation for any Law Enforcement position;
- Passing the required Driver's History check.

I have read and understand the requirements for employment with Polk County Government.

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Name (Please Print)

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Signature

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Date