



# Carroll County Employment Application

Provided by Iowa Workforce Development for: \_\_\_\_\_ Date: \_\_\_\_\_  
(Company Name)

**IWD is an Equal Opportunity Employer/Program**

*Auxiliary aids and services are available upon request to individuals with disabilities.*

## PERSONAL

Full Name: \_\_\_\_\_  
First Middle Initial Last

Current Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Number: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you 18 years of age or older? Yes  No  Are you a military Veteran? Yes  No   
Are you legally able to work in the United States? Yes  No  If Yes, Dates of Active Duty: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application?  
\_\_\_\_\_

## EMPLOYMENT DESIRED

Job Title: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Are you available for work: Full-Time  Part-Time  Temp  Seasonal

## EDUCATION

Do you have a High School Diploma or GED? Yes  No

Name of last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements: \_\_\_\_\_

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT HISTORY**

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**Former Employment** (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

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

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Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

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

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Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

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

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May we contact your former employers to verify this information?  
Yes  No May we contact your present employer? Yes  No 

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.
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Please provide any additional information about your abilities or interests that makes you a good candidate for this position:  
\_\_\_\_\_  
\_\_\_\_\_

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***I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.***

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