

Sioux County Conservation Board  
4051 Cherry Ave  
Hawarden, IA 51023

**SIOUX COUNTY CONSERVATION  
APPLICATION FOR EMPLOYMENT**

Sioux County is an equal opportunity employer- Federal and State law prohibits 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.

**GENERAL INFORMATION**

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever filed an application at Sioux County Before?  Yes  No

If yes, give the date: \_\_\_\_\_

Have you ever been employed at Sioux County Previously?  Yes  No

If yes, give date & department: \_\_\_\_\_

Are you currently employed?  Yes  No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Applicants are subject to background checks.

Employment desired:  Full- time  Part-Time  Temporary

When are you available for work? \_\_\_\_\_

Can you travel if the job requires it?  Yes  No

Are you a veteran of the United States military service?  Yes  No

If yes, please list what branch of service and years of service: \_\_\_\_\_

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EDUCATION

Type of School	Name of School	Location	# of Years	Major or Degree	Check if Graduated
High School					
College					
Graduate School					
Bus. Or Trade School					
Professional School					
Other:					

DRIVER'S LICENSE (only for positions which require driving or travel is required for the position)

Do you have a driver's license?  Yes  No

Drivers' License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Operator  Commercial (CDL)  Chauffeur

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

Have you had any moving violations 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.

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PERSONAL REFERENCES

Please list two (2) references other than relatives or previous employers.

Name:	Name:
Acquaintance:	Acquaintance:
Address:	Address:
Telephone:	Telephone:

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**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:	Rate of Pay:
From:	Starting:
To:	Ending:
Work Performed:	
Reason for Leaving:	

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

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Work Performed:	
Reason for Leaving:	

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Your application will remain confidential unless you agree to disclosure by signing below.

I agree to allow this application to be subjected to disclosure, by checking the box and signing next to it.

\_\_\_\_\_

Signature of applicant

\_\_\_\_\_

Date Signed

Check the box and sign below to give Sioux County the Authority to contact any previous employers.

\_\_\_\_\_

Signature of applicant

\_\_\_\_\_

Date Signed

### **WAIVERS AND DISCLOSURES**

Please read each section carefully sign below and date

#### **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 Signed

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 Sioux County.