



Kossuth County Application for Employment *(Print neatly and complete all blanks.)*

Kossuth County is an Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities

Form provided by IowaWORKS

Personal

Full Name: _____
First Middle Initial Last

Current Address: _____
Number Street City State Zip

Phone 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 U.S.? ☐ Yes ☐ No

If yes, date 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?
Yes No

If yes, please list: _____

Employment Desired

Job Title: _____ Start Date Available: _____ Wage Desired: _____

Are you available for work: Full-time Part-time Temp Shift Work Seasonal

Education

Do you have a High School Diploma or High School Equivalency? ☐ Yes ☐ No

Name of last school attended: _____
City State Zip

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

Highest degree earned: ☐ High School Diploma ☐ High School Equivalency ☐ Bachelor's ☐ Master's ☐ PhD ☐ Other: _____

Areas of Concentration and/or degree(s), certificate(s), license(s), endorsement(s): _____

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

EMPLOYMENT HISTORY (most recent 7 years)

Employer Name: Phone Number:

Current Address:

NumberStreetCityStateZip

Position Title:Start Date:End Date:Ending Wage:

Supervisor's Name & Title:

Reason for Leaving:May we contact: Yes No

Description of job responsibilities and/or accomplishments:

Employer Name: Phone Number:

Current Address:

NumberStreetCityStateZip

Position Title:Start Date:End Date:Ending Wage:

Supervisor's Name & Title:

Reason for Leaving:May we contact: Yes No

Description of job responsibilities and/or accomplishments:

Employer Name: Phone Number:

Current Address:

NumberStreetCityStateZip

Position Title:Start Date:End Date:Ending Wage:

Supervisor's Name & Title:

Reason for Leaving:May we contact: Yes No

Description of job responsibilities and/or accomplishments:

Employer Name: _____ Phone Number: _____

Current Address: _____
Number Street City State Zip

Position Title: _____ Start Date: _____ End Date: _____ Ending Wage: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____ May we contact: ☐ Yes ☐ No

Description of job responsibilities and/or accomplishments: _____

Employer Name: _____ Phone Number: _____

Current Address: _____
Number Street City State Zip

Position Title: _____ Start Date: _____ End Date: _____ Ending Wage: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____ May we contact: ☐ Yes ☐ No

Description of job responsibilities and/or accomplishments: _____

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, veteran's status, gender identity or sexual orientation.

ADDITIONAL INFORMATION THAT MAKES YOU A GOOD CANDIDATE FOR THIS POSITION

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

Signature: _____ Date: _____