



INRCOG

Iowa Northland Regional
Council of Governments

Application for Employment

Iowa Northland Regional Council of Governments

Application for Employment



DATE _____

POSITION APPLYING FOR		
APPLICANT INFORMATION		
Name (Last, First, MI)		
Street Address		
City, State, ZIP		
Phone		
How did you learn about this position? (Please be specific.)		
Date available		

GENERAL INFORMATON		
Have you been employed by INRCOG or a delegated authority group in the past?		
If yes, please give the dates of employment and position(s) held and your name at that time, if different.		
Do you have any commitments to another employer that might affect your employment here?		
If yes, please explain.		
If hired, can you furnish proof that you are 18 years of age, or if under 18, have a permit to work?		
If no, please explain.		
Are you legally authorized to work in the United States?		
Have you ever been convicted of a felony?		
<i>A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of position for which you are applying will be considered.</i>		

Provide any experience from military service that would be relevant to the job for which you are applying.	
Are you willing to travel to out-of-town locations, including overnight trips?	
If no, please explain.	
Can you perform the essential functions of the position you are applying, as described in the job description, with or without reasonable accommodation?	
List the office equipment, software programs, and other relevant job-related skills you have.	

EMPLOYMENT HISTORY					
Please list your present and former employers (most recent first)					
May we contact your present employer?					
Company				Phone	
Address					
Job Title			Your name when employed		
Name and Title of Supervisor					
From		To		Reason for Leaving	
Salary per week				Hours per week	
Description of Duties					

EMPLOYMENT HISTORY

Company		Phone	
Address			
Job Title		Your name when employed	
Name and Title of Supervisor			
From		To	
		Reason for Leaving	
Salary per week		Hours per week	
Description of Duties			
Company		Phone	
Address			
Job Title		Your name when employed	
Name and Title of Supervisor			
From		To	
		Reason for Leaving	
Salary per week		Hours per week	
Description of Duties			

EMPLOYMENT HISTORY

Company		Phone	
Address			
Job Title		Your name when employed	
Name and Title of Supervisor			
From		To	
		Reason for Leaving	
Salary per week		Hours per week	
Description of Duties			

Please account for any time you were not employed in the past ten years.

Time Period(s)	Reason(s) for Unemployment

If you were unable to list all past jobs or periods of unemployment on this form, please attach additional information on a separate sheet of paper.

EDUCATION						
High School			Address			
Years Completed		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College/University			Address			
Course of Study						
Years Completed		Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Graduate School			Address			
Course of Study						
Years Completed		Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Technical, Vocational, or Business Training			Address			
Course of Study						
Years Completed		Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Professional Seminars						
U.S. Military Service			Rank			
Present Membership in National Guard or Reserves						
Additional job-related seminars, short courses, workshop, or other educational experiences						

ACTIVITES, HONORS, ETC.

Please list and describe any activities, honors, experience, or training that might aid you in performing the job for which you are applying and which have not been listed previously in this application. Omit any activities, honors, memberships, or other items that tend to identify your race, religion, sex, color, national origin, age, disability, gender identity, sexual orientation, or other personal traits.

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REFERENCES

Name	
Address/Phone	
Name	
Address/Phone	
Name	
Address/Phone	

I certify that all statements made in this employment application (and accompanying resume, if any) are true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

I authorize the investigation of all statements contained in this application. I also authorize the company to contact my present employer, past employers, and listed references.

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time.

For employment, I understand that I will be required to provide proof of identification and authorization to work in the United States.

This application for employment shall be considered active for a period of time not to exceed one (1) year.

Signature

Date

INRCOG is dedicated to equal employment and advancement opportunities. It is INRCOG’s policy to hire and promote qualified individuals on the basis of their qualifications, interest and aptitude, and without unlawful regard to race, religion, color, sex, age, national origin, disability, gender identity, sexual orientation, creed, genetic testing information, military status, pregnancy and childbirth, and/or related medical conditions or any other characteristic protected by local, state or federal law. 5/2019