

**APPLICATION FOR EMPLOYMENT**  
**(AN EQUAL OPPORTUNITY EMPLOYER)**

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**PERSONAL INFORMATION**

**Phone No.** \_\_\_\_\_

\_\_\_\_\_  
(Last Name) (First Name) (Middle) (Driver's License No.)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

\_\_\_\_\_  
(Previous Street Address) (City) (State) (Zip)

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**EMPLOYMENT DESIRED**

\_\_\_\_\_  
(Position Applied For) (Date You Can Start) (Salary Desired)

Are you employed now? \_\_\_\_ \_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_ \_\_\_\_  
(Yes) (No) (Yes) (No)

Have you ever applied to this company before? \_\_\_\_ \_\_\_\_ If so, When? \_\_\_\_\_  
(Yes) (No)

Referred by \_\_\_\_\_

\*\*\*\*\*

**EDUCATION**

\_\_\_\_\_  
(Grammar school name) (Location) (Years attended) (Did you graduate?)

\_\_\_\_\_  
(High school name) (Location) (Years attended) (Did you graduate?)

\_\_\_\_\_  
(College) (Location) (Years attended) (Did you graduate?)

\_\_\_\_\_  
Trade, business, correspondence (Location) (Years attended) (Did you graduate?)

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**GENERAL**

**SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK**

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

**SPECIAL SKILLS**

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

(Application Continued)

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**FORMER EMPLOYEES**

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
(Name and Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Salary)

\_\_\_\_\_  
(Reason for leaving)

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
(Name and Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Salary)

\_\_\_\_\_  
(Reason for leaving)

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
(Name and Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Salary)

\_\_\_\_\_  
(Reason for leaving)

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**REFERENCES**

1) \_\_\_\_\_  
(Name and address) (Phone number)

2) \_\_\_\_\_  
(Name and address) (Phone number)

3) \_\_\_\_\_  
(Name and address) (Phone number)

4) \_\_\_\_\_  
(Name and address) (Phone number)

5) \_\_\_\_\_  
(Name and address) (Phone number)

APPLICATION

Application to take the written and physical performance tests to be administered by the Lyon County Civil Service Commission.

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Full name) (Street address)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, hereby make  
(City) (State) (Zip code)

Application to take written and physical performance tests to be administered by the Lyon County Civil Service Commission at the Lyon County Ambulance Garage and meeting room, located at 402 S. Boone Street, Rock Rapids IA, on \_\_\_\_\_ at \_\_\_\_\_ Am/Pm.  
(Date) (Time) (Circle one)

My date of birth is \_\_\_/\_\_\_/\_\_\_\_. My Social Security number is \_\_\_\_-\_\_\_\_-\_\_\_\_\_.

The phone number where I can currently be contacted at is (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_.

I understand that the tests that will be administered will be designed and prepared by the Director of the Iowa Law Enforcement Academy. I also understand that I will be requested o execute a written Waiver and Release Form, releasing Lyon County, Iowa; the Lyon County Civil Service Commission; the Lyon County Sheriff's Department; and all other parties from any claims of liability in connection with the administration of said tests.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Applicant's Signature)

Mail to: Mr. Randy Waagmeester  
Personnel Director  
Lyon County Civil Service Commission  
P.O. Box 630  
Rock Rapids, IA 51246