

## **HELP WANTED**

Single Axle Truck Driver – Grundy Center Shop  
Grundy County Secondary Road Dept.

This position works out of Grundy Center in the summer as a utility person and operates a single axle truck during the winter. Knowledge of construction equipment with good mechanical skills and a dependable work record are required. Possession of valid Class “A” Commercial Drivers License is required.

This person shall submit to and successfully pass a pre-employment drug and alcohol test. This person is also subject to post accident, random, reasonable suspicion, return to duty, and follow up testing required by federal regulations.

Apply at the Grundy County Engineer’s Office, Grundy Center, Iowa. Applications also available online at [www.grundycountyiowa.gov](http://www.grundycountyiowa.gov).

Applications close February 17<sup>th</sup>, 2023.

An Equal Opportunity Employer. ***Federal and state laws prohibit employment and/or public accommodation discrimination on the basis of age, color, creed, disability, gender identity, national origin, pregnancy, race, religion, sex, sexual orientation or veteran's status.***

# GRUNDY COUNTY, IOWA

# EMPLOYMENT APPLICATION

Grundy County, Iowa, is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, national origin, or disability. Please answer ALL questions. Print or write carefully. If you provide false, inaccurate, or incomplete information on this application form or in any interview or if you fail to disclose information requested on this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe is appropriate: \_\_\_\_\_

PERSONAL INFORMATION (TO BE COMPLETED BY ALL APPLICANTS)					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
		Cell Phone			
Date Available		Social Security No.		Desired Salary	
Position Applied for <b>SA Truck Driver- Secondary Road Dept. Grundy Center Shop</b>					
Are you 18 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally eligible to work in the United States?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you previously applied for employment with this county?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when and under what name?	
Have you ever worked for this county?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Is there any name, other than the name stated above, which you have previously used to identify yourself?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, set out.	

EDUCATION (TO BE COMPLETED BY ALL APPLICANTS)					
High School		Address			
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**GENERAL (TO BE COMPLETED BY ALL APPLICANTS)**

Subjects of special study or research work	
Special skills	
Activities:	

**PREVIOUS EMPLOYMENT (TO BE COMPLETED BY ALL APPLICANTS)**

Employer		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

In addition to the foregoing, be sure to include an explanation of all gaps in time of employment by attaching extra pages or providing details on the back of this page. Also, please set out your attendance record with your last three employers. Other than vacation and holidays, how many days did you miss work in the last three years? \_\_\_\_\_  
 How many months have you been unemployed in the last twelve months? \_\_\_\_\_  
 How many months have you been unemployed in the last 36 months? \_\_\_\_\_

**TERMINATIONS AND DISCIPLINARY ACTION (TO BE COMPLETED BY ALL APPLICANTS)**

For purposes of the following questions, the term "fired" means firing from employment, termination of employment, discharge from employment, or any involuntary separation from employment, and the term "quit" means a resignation from employment, a failure to return to work, or any voluntary separation from employment. If you answer "yes" to any of the following questions, you must provide detailed information on a separate form or on the back of this sheet.

Have you ever been fired? YES  NO

Have you ever been asked to quit? YES  NO

Have you ever quit after being told that you would be fired if you did not quit? YES  NO

Have you ever quit after being advised disciplinary action would be taken against you? YES  NO

Have you ever quit after disciplinary action was taken against you? YES  NO

For purposes of the following questions, the term "disciplinary action" means any adverse action taken by the employer against the employee for reasons relating to conduct or performance and the term includes, but is not limited to, counseling, verbal warnings, written warnings, verbal reprimands, written reprimands, paid suspensions, unpaid suspensions, days of reflection, and involuntary separation from employment. If you answer "yes" to any of the following questions, you must provide detailed information on a separate form or on the back of this sheet.

Have any of your previous employers ever taken any disciplinary action against you? YES  NO

Have you ever been ordered, directed, or required to pay money to your employer as a part of disciplinary action that was taken against you? YES  NO

Have you ever been ordered, directed, or required to return property to your employer as a part of disciplinary action that was taken against you? YES  NO

**CRIMINAL RECORD (TO BE COMPLETED BY ALL APPLICANTS)**

The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor. If you answer "yes" to any of the following questions, you must provide details on the back. Note: Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness, and recency of the convictions in making our decision.

Have you ever been convicted of a felony? YES  NO

Have you ever been convicted of a serious misdemeanor? YES  NO

**THEFT (TO BE COMPLETED BY ALL APPLICANTS)**

For the purposes of the following questions, the term "theft" means taking, possession, or controlling property belonging to an entity (such as a company, partnership, or sole proprietorship) or belonging to another person without the right or authorization to do so. "Theft" includes, but is not limited to thefts of cash (currency and coin), thefts of checks, thefts of funds (by wire transfer or otherwise), misuse or unauthorized use of credit/debit cards, thefts of property, misuse or authorized use of accounts or allowances (clothing, mileage, meals, etc.), thefts of time (timekeeping abuse, improper use of leaves of absence, employer time spent on non-employer related matters, etc.), and thefts of service (use of employer's property to perform unauthorized work).

I. Have you ever committed an act of theft that involved your place of employment? YES  NO

If your answer is "yes" to the preceding question, you must answer the following questions.  
Was the act reported to or identified by the employer? YES  NO

Did the employer take any disciplinary action against you? YES  NO

Did the employer report this action to law enforcement? YES  NO

Did you pay money or transfer any property to the employer as a result of your act? YES  NO

II. Have you ever committed an act of theft that did not involve your place of employment? YES  NO

If your answer is "yes" to the preceding question, you must answer the following questions.  
Was that act reported to or identified by the victim? YES  NO

Did the victim report this action to law enforcement? YES  NO

Did you pay money or transfer any property to the victim as a result of your act? YES  NO

MILITARY SERVICE (TO BE COMPLETED BY ALL APPLICANTS)	
Branch	From _____ To _____
Rank at Discharge	Type of Discharge and attach copy of Form DD-214
If other than honorable, explain	

REFERENCES (TO BE COMPLETED BY ALL APPLICANTS)	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

DISCLAIMER AND SIGNATURE (TO BE COMPLETED BY ALL APPLICANTS)	
<p>I certify that the statements made by me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, incomplete or misleading information in my application or interview, I will not be eligible for employment, or, if I am hired, that I may be terminated regardless of the date on which Grundy County discovers the violation of its policy regarding application form dishonesty.</p> <p>In connection with my application for employment with Grundy County, I expressly authorize the release to Grundy County of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge Grundy County and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to Grundy County as part of my application for employment.</p> <p>If I am offered and accept employment with Grundy County, I understand that my employment is At Will and that my employment may be terminated at any time and for any reason either by me or by Grundy County.</p>	
Signature _____	Date _____

**Secondary Road Dept. Specific Questions:     Are you able to perform each of the following job functions?**

1. Safely operate heavy equipment?  
(Including but not limited to dump trucks, end loaders, motorgraders, dozers)     YES      NO
  
2. Safely lift 50-80 pounds?     YES      NO
  
3. Do you currently hold a valid Class "A" CDL?     YES      NO

NOTE: Please feel free to attach a resume.

# GRUNDY COUNTY

## Authorization to Release Motor Vehicle Records

I am aware that motor vehicle reports may be obtained as part of Grundy County's evaluation of my job application and/or employment. The reports may be procured by Grundy County or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, or an assessment of my insurability for the insurance program.

By signing this form, I hereby provide my authorization for Grundy County or their insurance company representative(s) to procure such information and reports, from time-to-time as deemed appropriate, to evaluate my insurability.

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Name – As it Appears on Driver's License

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Date of Birth

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Driver's License Number

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State of Issuance

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Signature Employee/Applicant

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Date

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## Denial of Authorization to Release Motor Vehicle Records

I elect not to authorize Grundy County or its insurance company representative to access personal information concerning my motor vehicle records and driving records and reports. I understand that I will be responsible for obtaining a certified copy of my MVR Report and supplying those records to my department head, or the Grundy County Insurance Coordinator or his/her designee when requested.

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Signature Employee/Applicant

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Date