

**Cerro Gordo County  
APPLICATION FOR EMPLOYMENT**

**AN EQUAL OPPORTUNITY EMPLOYER**



**MAIL APPLICATIONS TO:**

Cerro Gordo County Dept. of Public Health  
22 North Georgia Avenue, Suite 300  
Mason City, IA 50401-3435

(641) 421-9300  
[www.cghealth.com](http://www.cghealth.com)

**INSTRUCTIONS:**

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

- Incomplete applications MAY NOT BE CONSIDERED.
- If resume is submitted, DO NOT write "see resume."
- DATE and SIGN this application.
- Please list a minimum of three years' prior experience and education.
- Please complete this application in blue or black ink, or type.
- You are not required to furnish any information which is prohibited by federal, state or local law.

<b>TITLE OF POSITION YOU ARE APPLYING FOR:</b>	<b>DEPARTMENT:</b>
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<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Student Intern	<input type="checkbox"/> Temporary/Limited Term Employment	<b>TODAY'S DATE:</b>
<input type="checkbox"/> Grant Funded	<input type="checkbox"/> Co-op			

<b>Name:</b>	Home Phone:
(Last) (First) (M.I.)	( ) -
<b>Current Address:</b>	Business Phone:
(Street) (Apt. #)	( ) -
(City) (State) (Zip Code)	Can we contact you at this number?
<b>Permanent Address:</b> (if different than current address)	<input type="checkbox"/> yes <input type="checkbox"/> no
(Street) (Apt. #)	If yes, list hours
(City) (State) (Zip Code)	When will you be available for employment?
	Email Address:
	Can we contact you here?
	<input type="checkbox"/> yes <input type="checkbox"/> no

**Are you a U. S. Citizen?**  yes  no

**Are you legally eligible for employment in the United States?**  yes  no

**Are you at least 18 years of age?**  yes  no

*Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.*

**Have you ever been employed by Cerro Gordo County?**  yes  no

If yes: when, in what position, and in what department? \_\_\_\_\_

*Cerro Gordo County prohibits employment of an individual if he/she would be directly supervised or receiving direct supervision from a family member.*

List any relatives employed by Cerro Gordo County or serving as elected or appointed officials:

<b>Do you possess a valid Driver's License?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	Type/class: _____ Type: _____
<b>Do you possess a valid Commercial Driver's License?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Do you possess any other license?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	

If you are applying for a job where you need to drive your car while on County business, can you make arrangements to meet the County's minimum liability insurance requirements on your vehicle (\$100,000 each person bodily injury; \$300,000 each accident bodily injury; \$100,000 property damage liability)?  yes  no

Applicant name \_\_\_\_\_

Please list **ALL** instances in which you were convicted as an **ADULT** for crimes (misdemeanors or felonies), ordinance violations, traffic violations, founded child or dependent adult abuse and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment. Please explain below (you may attach another sheet if necessary). *Approximate* dates may be listed.

Date	Location	Charge	Court	Disposition of Case

*NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.*

**Did you graduate from high school?**     yes     no  
 Name of school: \_\_\_\_\_  
 Location of school: \_\_\_\_\_  
 If no, have you passed a high school equivalency or GED test?     yes     no  
 Location: \_\_\_\_\_

**Training beyond high school:**

College or university, technical, nursing, business college or other schools you have attended.

College, university or school -- name, location and phone number	Presently attending	Major field	Type of degree received	Credits earned	GPA

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, law enforcement academy, in-service training. Please provide dates.

**Special skills & qualifications** - *this information must be provided if you are applying for a position requiring these skills:*

Experience transcribing mechanically-recorded material?     yes     no  
 Typing speed (if known): \_\_\_\_\_ WPM  
 Experience using a 10-key adding machine?     yes     no  
 \_\_\_\_\_ KPM  
 List any additional office equipment which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_  
 List all computer software which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_  
 Foreign language (spoken or read with proficiency):  
 French     German     Spanish     Other \_\_\_\_\_  
 Are you a certified Law Enforcement Officer?     yes     no  
 Date certified: \_\_\_\_\_ State certified by: \_\_\_\_\_

<p><b>List any memberships in professional or technical associations:</b></p>  	<p><b>List any current license or registration as a member of a trade or profession:</b></p>  
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Applicant name \_\_\_\_\_

IMPORTANT: You must complete the employment section of this application. Please list a minimum of prior three years' experience and education. Use a separate sheet of paper for additional employers. You may attach a resume to further explain your qualifications.

**EMPLOYMENT SECTION: (Please start with your most recent position - include military service)**

From (month & year)	Title of your PRESENT/MOST RECENT position:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer? <input type="checkbox"/> yes <input type="checkbox"/> no, not at this time	Reason for leaving or considering change:	
Present salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

Applicant name \_\_\_\_\_

**OTHER EXPERIENCE**

(Include volunteer experience, internships, and/or jobs, not included in the employment section.)

Company Name/Location	Job Title	Dates Employed (month/year)		Annual salary	Full or part-time
		From:	To:		
		From:	To:		

Please explain any gaps in employment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently **unemployed**?  no  yes, since \_\_\_\_\_

Are or were you eligible for Unemployment Compensation?  no  yes, please list dates \_\_\_\_\_

**REFERENCES**

Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.

NAME/ADDRESS/TELEPHONE	OCCUPATION	NATURE OF RELATIONSHIP
1.		
2.		
3.		
4.		
5.		

Applications for employment with Cerro Gordo County are considered a **public record** under Iowa Code Chapter 22. Please check here  if **you wish your application to be kept confidential.**

Applicant name \_\_\_\_\_

**AUTHORIZATION AND CERTIFICATION**

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources representative prior to initialing and signing the application. Your initials and signature verify that you have read, understood and agreed to abide by these statements.

Initial:

\_\_\_\_\_ I authorize any person contacted to provide Cerro Gordo County any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by Cerro Gordo County to request employment records from my present and/or former employer(s). I release and hold harmless Cerro Gordo County, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial:

\_\_\_\_\_ I understand that after receiving a conditional offer of employment I will be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with Cerro Gordo County. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by Cerro Gordo County, and consent to the release of the test results to Cerro Gordo County. I hereby release and hold harmless Cerro Gordo County, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

\_\_\_\_\_ I authorize Cerro Gordo County, its officers, agents, and employees to conduct a background criminal and abuse check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless Cerro Gordo County, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by Cerro Gordo County only if it substantially relates to the position applied for.

Initial:

\_\_\_\_\_ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, Cerro Gordo County reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial:

\_\_\_\_\_ I agree to use such personal protective equipment and devices as may be required by Cerro Gordo County and to comply with safety rules and requirements. In addition, I understand that Cerro Gordo County maintains a workplace free from drugs, harassment and violence.

Initial:

\_\_\_\_\_ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of Cerro Gordo County has the authority to make any assurances to the contrary.

Initial:

\_\_\_\_\_ I have read and understand the job description for the position I am applying for.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

*Cerro Gordo County is committed to the equality of opportunity for all people. It is the policy of Cerro Gordo County to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.*

Applicant's signature \_\_\_\_\_  
last revised: 05/22/2012

\_\_\_\_\_ Date

**REFERENCE RELEASE FORM**

**Cerro Gordo County Dept. of Public Health  
22 North Georgia Avenue, Suite 300  
Mason City, IA 50401-3435**

**NOTE TO APPLICANT:** Please complete the top half of this form for each employer. LEAVE ATTACHED TO THE APPLICATION. (Your current employer will not be contacted unless you have given us authorization in the employment section of the Application.)

TO WHOM IT MAY CONCERN: The below named applicant is being considered for employment with Cerro Gordo County and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Thank you for your assistance.

Former employer: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Dates employed: \_\_\_\_\_

Applicant's Authorization

I consent to and authorize any person contacted to provide Cerro Gordo County any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I release and hold harmless Cerro Gordo County, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

\_\_\_\_\_  
Applicant's Signature Date

Record of Employment

Position held: \_\_\_\_\_

Summary of essential duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary at termination: \_\_\_\_\_ Eligible for rehire?  Yes  No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drug Testing Results per Federal DOT Requirements \_\_\_\_\_

Was this person ever warned/disciplined for any of the following occurrences:

Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violent behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inability to get along with others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety violations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of a drug	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

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\_\_\_\_\_  
Applicant's Signature Date

Record of Employment

Position held: \_\_\_\_\_

Summary of essential duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary at termination: \_\_\_\_\_ Eligible for rehire?  Yes  No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drug Testing Results per Federal DOT Requirements \_\_\_\_\_

Was this person ever warned/disciplined for any of the following occurrences:

Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violent behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inability to get along with others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety violations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of a drug	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

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\_\_\_\_\_  
Applicant's Signature Date

Record of Employment

Position held: \_\_\_\_\_

Summary of essential duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary at termination: \_\_\_\_\_ Eligible for rehire?  Yes  No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drug Testing Results per Federal DOT Requirements \_\_\_\_\_

Was this person ever warned/disciplined for any of the following occurrences:

Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violent behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inability to get along with others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety violations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate use or possession of a drug	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date



\*\*\*PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION\*\*\*

**CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH  
RECRUITMENT INFORMATION**

This form is not a part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance for County employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the County's Affirmative Action efforts. Filing out this form is voluntary. We ask your cooperation in providing us with the following information.

**PLEASE PRINT OR TYPE**

1. NAME: \_\_\_\_\_  
Last First M.I.

2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. POSITION(S) APPLYING FOR: \_\_\_\_\_

**4. RACIAL GROUP:**

How do you describe yourself in terms of the following groups?

- \_\_\_\_\_ A. **White, not of Hispanic origin**--Peoples having origins in any of the original peoples of Europe, North Africa, or the Middle East
- \_\_\_\_\_ B. **Black or African American, not of Hispanic origin**--Peoples having origins in any of the black racial groups of Africa.
- \_\_\_\_\_ C. **Asian**--Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, and the Philippine Islands.
- \_\_\_\_\_ D. **Native Hawaiian or Other Pacific Islander**--A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- \_\_\_\_\_ E. **Hispanic or Latino (all races)**--Persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race. Portuguese individuals should be excluded from this category and classified according to race.
- \_\_\_\_\_ F. **Hispanic or Latino (white race only)**--A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the white race.
- \_\_\_\_\_ G. **Hispanic or Latino (all other races)**--A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than white.
- \_\_\_\_\_ H. **American Indian or Alaskan Native**--A person with origins in any of the original peoples of North America and South America (including Central America) who maintains cultural identification through tribal affiliation or has community attachment.
- \_\_\_\_\_ I. **Race Missing or Unknown**--Applies to applicants only when a resume or application that is screened is received with no racial or ethnic identification, and no further contact is made with the applicant.

5. GENDER: Please check \_\_\_\_\_ Male \_\_\_\_\_ Female

**6. RECRUITMENT:**

How did you hear about the job in which you are most interested? (Check one only.)

- \_\_\_\_\_ A. Mason City Globe-Gazette
- \_\_\_\_\_ B. Clear Lake Mirror/Reporter
- \_\_\_\_\_ C. Southern County News
- \_\_\_\_\_ D. Another Newspaper (which one: \_\_\_\_\_)
- \_\_\_\_\_ E. Professional Publication (which one: \_\_\_\_\_)
- \_\_\_\_\_ F. Bulletin Board (where: \_\_\_\_\_)
- \_\_\_\_\_ G. Word of Mouth (who: \_\_\_\_\_)
- \_\_\_\_\_ H. Internet (which website: \_\_\_\_\_)
- \_\_\_\_\_ I. Other (explain: \_\_\_\_\_)

**7. VETERAN STATUS:** (Please check one)

- \_\_\_\_\_ A. Veteran - branch of service: \_\_\_\_\_ and years: \_\_\_\_\_  
Type of discharge: \_\_\_\_\_
- \_\_\_\_\_ B. Active Reserves
- \_\_\_\_\_ C. None