

# DELAWARE COUNTY SECONDARY ROAD DEPARTMENT

2139 Highway 38  
MANCHESTER, IA 52057

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Shop Telephone 563-927-3700

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Anthony T. Bardgett, P.E.  
County Engineer

Craig Davis  
Assistant To Engineer

Brad Burger  
Land Surveyor

Pat Oberbroeckling  
Maintenance Foreman

Linda Schaul  
Office Manager

## TEMPORARY SEASONAL DELAWARE COUNTY ENGINEERS OFFICE & SECONDARY ROADS DEPARTMENT

**One (1) temporary** position to assist the engineer's office with projects and office related activities.

**Two (2) temporary** positions to assist the maintenance department with projects and perform a variety of road maintenance activities.

**QUALIFICATIONS:** Valid Iowa Drivers License required; ability to perform manual labor and work outside under all types of weather conditions; must be able to lift 50 pounds

**SHIFT:** Mon. – Fri. - 7:00 a.m. – 3:30 p.m.  
May 14, 2018 to August 10, 2018  
**(May vary depending on weather and seasonal activities)**

**SALARY:** \$11.00/hr

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**One (1) temporary** position to assist maintenance crews with seasonal roadside mowing.

**QUALIFICATIONS:** Valid Iowa Drivers License required; ability to operate a power take off tractor with mower and work outside under all types of conditions, must be able to lift 50 pounds.

**SHIFT:** Mon. – Fri. - 7:00 a.m. – 3:30 p.m.  
May 14, 2018 to October 26, 2018  
**(May vary depending on weather and seasonal activities)**

**SALARY:** \$14.00/hr.

**DELAWARE COUNTY EMPLOYMENT APPLICATION REQUIRED.**  
**DELAWARE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.**

**APPLICATION DEADLINE:** Friday, April 13, 2018

Applications may be picked up at the Delaware County Engineers Office,  
2139 Hwy. 38, Manchester, Iowa 563-927-3505.

**DELAWARE COUNTY SECONDARY ROAD DEPARTMENT**  
Mailing Address: Delaware County Engineer's Office, 2139 Highway 38, Manchester, IA 52057  
**APPLICATION FOR EMPLOYMENT**

Delaware County 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.

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

Please answer ALL questions. Print or write carefully. If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in 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.

PERSONAL INFORMATION  
(To Be Completed By All Applicants)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Are you 18 or older: YES \_\_\_ NO \_\_\_

Are you legally eligible to work in the U.S.: YES \_\_\_ NO \_\_\_

Is there any name, other than the name stated above, which you have previously used to identify yourself: YES \_\_\_ NO \_\_\_

Other Name: \_\_\_\_\_

If you are a military veteran, please provide information regarding your military service: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you employed now: YES \_\_\_ NO \_\_\_ May we contact your present employer: YES \_\_\_ NO \_\_\_

EDUCATION	Name and Location of School	No. of Years Attended	Did you graduate? Degree?	Subjects Studied
High School	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____
	_____	_____	_____	_____
Trade, Business, or Other School	_____	_____	_____	_____
	_____	_____	_____	_____

FOR MOTOR VEHICLE OPERATOR APPLICANTS ONLY

The following questions must be answered in order to complete a check of your driving record:

Do you have a Commercial Drivers License (CDL)?: YES \_\_\_ NO \_\_\_ Class: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Endorsements: \_\_\_\_\_

GENERAL

Are you a state certified welder: YES \_\_\_ NO \_\_\_ Certifications: \_\_\_\_\_

Do you have a Chemical Applicators License: YES \_\_\_ NO \_\_\_ Type: \_\_\_\_\_

**EMPLOYMENT HISTORY**

(To Be Completed By All Applicants-List Most Recent Employer First)

Date Month and Year	Name and Address of Employer	Salary or Hourly Wage	Position Title	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Have you ever operated any construction equipment (motor graders, excavators, bulldozers, cranes, etc.)?: List: \_\_\_\_\_

Have you ever performed snow removal?: YES \_\_\_\_\_ NO \_\_\_\_\_ Type of Equipment Used and For Who?: \_\_\_\_\_

Can you lift a load that weighs 100 pounds?: YES \_\_\_\_\_ NO \_\_\_\_\_ If no please explain: \_\_\_\_\_

**REFERENCES**

(Give the names of three people not related to you whom you have known for at least one year)

Name	Address and Telephone	Business	Years Known?

Emergency Notification Contact:

Name	Address	Phone Number
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**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 detail on a separate sheet of paper.

Have you ever been convicted of a felony?: YES \_\_\_\_\_ NO \_\_\_\_\_

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

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.

**DRUG AND ALCOHOL INFORMATION**

(For All Applicants)

All applicants for employment are required to submit to a drug and alcohol test after a conditional offer of employment has been made. The results of the drug and alcohol tests will be provided to Delaware County. If you are currently using illegal drugs or controlled substances, you are not eligible for employment. If you use illegal drugs or controlled substances after you have been employed, you will be subject to disciplinary action or dismissal. This policy does not apply to the use of medications which have been prescribed.

**FOR ALL APPLICANTS-PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby 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, or incomplete information, I will not be eligible for employment, or, if I am hired, that I may be terminated regardless of the date on which Delaware County discovers the violation of its policy regarding application form dishonesty.

In connection with my application for employment with Delaware County, I expressly authorize the release to Delaware 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 Delaware 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 Delaware County as part of my application for employment.

If I am hired, I understand that I am free to resign at any time, with or without cause, and without prior notice. Delaware County reserves the same right to terminate my employment at any time with or without cause and without prior notice except as may be required by law. This application is current only until the position applied for is filled and I understand that if I have not heard from Delaware County and wish to be considered for other employment that it will be necessary to fill out a new application. I understand that if I am hired I will be required to provide proof of identity and legal work authorization (proof of citizenship or legal alien status).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date