

# **Calhoun County Recorder Part Time Clerk**

## **General Description:**

Under general supervision, assists the County Recorder and Deputy Recorder in oversight and maintenance of property records, vital records and the issuance of licenses and registrations.

## **Job Summary:**

To provide friendly, quality customer service in a timely and accurate manner.

## **Typical Duties and Responsibilities:**

1. Reviews legal instruments for accuracy and completeness; determines compliance with statutory provisions; indexes according to PRIA standards.
2. Assists attorneys, abstractors and the general public with property related and vital record information. Assists general public with issuing game and hunting licenses; boat, snowmobile, ATV and ORV registrations/titles/liens; and vital record certified copies and applications.
3. Assists with counter activity and completing receipts if needed.
4. Performs duties of the Recorder in order to fill in the absence of the Recorder and Deputy Recorder.
5. Performs other job-related activities as requested by immediate supervisor and/or department head.

## **Knowledge, Skills, and Abilities Required:**

1. Ability to understand and follow specific instructions and procedures.
2. Effective in time management and organized skills.
3. Ability to deal courteously with the general public.
4. Must have excellent oral and written communications, simple accounting, computer skills, including Excel spreadsheets, cash register, and general office practices. Must be able to handle money transactions.
5. Capable in handling complex and/or multi-faceted tasks.
6. Ability to maintain confidentiality within the department.
7. Knowledge of the Code of Iowa helpful.
8. This position requires a well-groomed individual who is honest, versatile, detailed, reliable, personable, and willing to be trained in various office procedures. Experience in a professional office atmosphere, accuracy and skills in office equipment and computers are necessary. Knowledge of real estate is helpful. Must be able to maintain an excellent working relationship with co-workers and the general public. Must be able to climb a step stool if necessary to remove heavy books from shelves.



# APPLICATION FOR EMPLOYMENT

RECORDER'S OFFICE  
416 4<sup>th</sup> STREET, SUITE 3  
ROCKWELL CITY IA 50579  
Telephone: 712/297-8121

E-mail: [kjurries@calhouncountyiowa.com](mailto:kjurries@calhouncountyiowa.com)

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.**

Full Name	
Present Address	Home Telephone Number
City, State, Zip	Business or Cell Phone Number

State the position(s) for which you are applying: \_\_\_\_\_

Check which employment conditions you will accept:

\_\_\_\_\_ Full-time (37.5 hours)      \_\_\_\_\_ Part-time (<40 hours)

How did you find out about this position? \_\_\_\_\_

Have you ever been convicted of a crime: \_\_\_\_\_ If so, please provide details.

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

**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.

Will you sign a release form allowing Calhoun County to conduct a criminal record check? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been terminated from employment? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, describe the circumstances

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

Do you have a valid Iowa driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you sign a release form allowing Calhoun County to obtain a driving record? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No      Do you qualify for veteran's preference? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Education**

	Name and Address	Course of Study	Circle Last Year Completed	Degree Earned
High School			1 2 3 4	
College			1 2 3 4	
Other Schools			1 2 3 4	

**Work History**

Job Title	Employer Name, Address, Telephone #	Date Employed From: _____ To: _____
Name Employed Under	Immediate Supervisor & Title	Last Salary
Reason for Leaving	Average # of Hours Worked Per Week	Nature of Business
Duties		
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Duties		

**Read Before Signing:**

I certify that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I understand that should investigation at any time disclose otherwise, my application may be rejected and my name may be removed from consideration for employment.

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

If I am offered and accept employment with the 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 the County.

APPLICANT SIGN HERE IN INK \_\_\_\_\_ DATE \_\_\_\_\_  
*M/F DISABLED AND VET EOE EMPLOYER*



**CALHOUN COUNTY RECORDER  
REFERENCE VERIFICATION REQUEST**

1. \_\_\_\_\_ has applied for employment with Calhoun County  
for the position of: \_\_\_\_\_
  
2. Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_
  
3. Social Security # (last 4 digits) \_\_\_\_\_
  
4. Name of Past Employer \_\_\_\_\_
  
5. Position Held \_\_\_\_\_
  
6. Dates Employed \_\_\_\_\_
  
7. Names Employed under \_\_\_\_\_  
(if different than above)
  
8. I hereby authorize:  
  
Name: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
  
City/State/Zip: \_\_\_\_\_  
  
Telephone Number: \_\_\_\_\_  
  
Fax Number: \_\_\_\_\_

to release all relevant information to Calhoun County regarding my present and/or past employment, including my job performance, skills and training, health status, and character whether on record or not. I agree to release and hold harmless the above-mentioned individual/institution from liability for any and all damages whatsoever, for issuing such information. I acknowledge and authorize the usage of photocopies of this release to be the same as the original when submitted to the above-mentioned individual/institution.

9. Applicant's Signature \_\_\_\_\_
  
10. Date \_\_\_\_\_



**CALHOUN COUNTY RECORDER  
REFERENCE VERIFICATION  
REQUEST EMPLOYER SECTION**

By having the applicant sign the attached release, you are authorized to release pertinent employment-related information to us. We appreciate your prompt reply and assure that this information will be kept confidential. Please use the envelope enclosed.

Is the information on lines 5 – 7 correct? Yes No

If not, please clarify \_\_\_\_\_  
\_\_\_\_\_

Would you re-employ this person? Yes No

If not, please explain \_\_\_\_\_  
\_\_\_\_\_

Resignation  Termination

Reason: \_\_\_\_\_

Please rate the applicant in the areas listed below:

	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Poor</b>
Quality of Work				
Quantity of Work				
Caring Attitude				
Reliability & Dependability				
Cooperation & Flexibility				
Attendance & Punctuality				
Works Independently				
Accepts Supervision				
Professional Integrity				
Adheres to Confidentiality				

Comments:

Signature \_\_\_\_\_

Date \_\_\_\_\_