

CITY OF VILLISCA

318 S 3RD AVE
VILLISCA, IOWA 50864
712-826-2282

Application for Employment

POSITION APPLIED FOR: _____ DATE: _____

NAME: _____		
First	Middle	Last
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	CELL PHONE: _____	
SOCIAL SECURITY #: _____	REFERRED BY: _____	

ARE YOU 18 YEARS OR OLDER? YES NO

If NO, can you provide required proof of your eligibility to work? YES NO

HAVE YOU EVER APPLIED WITH US BEFORE? YES NO

If YES, give date: _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES NO

If YES, give date: _____

DO ANY OF YOUR FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORK HERE?
YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

If YES, may we contact your present employer? YES NO

ARE YOU WILLING TO BE ON CALL AFTER HOURS AND WEEKENDS? YES NO

ARE YOU AVAILABLE TO WORK:

_____ FULL-TIME _____ PART-TIME _____ TEMPORARY

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

APPLICANT:

HIGH SCHOOL:

NAME AND ADDRESS OF SCHOOL

YEARS COMPLETED _____ COURSE OF STUDY: _____ DIPLOMA: _____

COLLEGE:

NAME AND ADDRESS OF SCHOOL

YEARS COMPLETED _____ COURSE OF STUDY: _____ DIPLOMA/DEGREE: _____

GRADUATE/PROFESSIONAL:

NAME AND ADDRESS OF SCHOOL

YEARS COMPLETED: _____ DIPLOMA/DEGREE: _____

OTHER (SPECIFY):

NAME AND ADDRESS OF SCHOOL

YEARS COMPLETED: _____ DIPLOMA/DEGREE: _____

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA CURRICULAR ACTIVITIES:

LIST ANY MACHINES AND/OR EQUIPMENT YOU ARE ABLE TO OPERATE:

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

STATE ANY ADDITIONAL INFORMATION OR QUALIFICATIONS YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

EMPLOYMENT EXPERIENCE

APPLICANT:

START WITH YOUR PRESENT OR LAST JOB, INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS.
You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

EMPLOYER: _____ FROM _____ TO _____
ADDRESS _____
TELEPHONE _____ WAGES: Starting _____ Ending _____
JOB TITLE _____ SUPERVISOR _____
WORK PERFORMED/JOB DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ FROM _____ TO _____
ADDRESS _____
TELEPHONE _____ WAGES: Starting _____ Ending _____
JOB TITLE _____ SUPERVISOR _____
WORK PERFORMED/JOB DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ FROM _____ TO _____
ADDRESS _____
TELEPHONE _____ WAGES: Starting _____ Ending _____
JOB TITLE _____ SUPERVISOR _____
WORK PERFORMED/JOB DUTIES: _____

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EMPLOYER: _____ FROM _____ TO _____
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JOB TITLE _____ SUPERVISOR _____
WORK PERFORMED/JOB DUTIES: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ FROM _____ TO _____
ADDRESS _____
TELEPHONE _____ WAGES: Starting _____ Ending _____
JOB TITLE _____ SUPERVISOR _____
WORK PERFORMED/JOB DUTIES: _____

REASON FOR LEAVING: _____

REFERENCES

APPLICANT:

NAME: _____ PHONE: _____
ADDRESS: _____

NAME: _____ PHONE: _____
ADDRESS: _____

NAME: _____ PHONE: _____
ADDRESS: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER