

Castletown, USA



| APPLICANT INFORMATION | | | | | |
|---|---------------------------------------|---------------------------------------|--|---|-----------------------------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Home Phone | | E-mail Address | | | |
| Cell Phone | | Date Available | | Desired Salary | |
| Social Security Number _____ - _____ - _____ If emailing this form, please leave blank and call with the number | | | | | |
| Position Applied for | | | | | |
| Employment Desired? | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> | Full OR Part Time <input type="checkbox"/> | Seasonal Employee <input type="checkbox"/> | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | |

Driver's license number if driving is essential function of position: _____ State: _____

| EDUCATION | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

| REFERENCES | |
|---|---------------|
| <i>Please list three professional references.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |



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| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Phone () |
| Address | |

| PREVIOUS EMPLOYMENT | | | |
|---|--------------------|--------------------|--|
| Company | | 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"/> | | | |
| Company | | 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"/> | | | |
| Company | | 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"/> | | | |

| SPECIAL SKILLS |
|--|
| SKILLS AND/OR ADDITIONAL COMMENTS: Describe any special training/skills (i.e. language, typing, machine operation) or any additional information that relates to your ability to perform the job for which you have applied (i.e. license, professional membership). |
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Castletown, USA

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NON-DISCRIMINATION POLICY

The City of Ida Grove is an Equal Opportunity Employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept on file for one full year and will be reviewed upon job openings. All applications will be examined and any "expired" forms will be removed and destroyed. At the conclusion of this time, if the applicant still wishes to be considered for employment, it will be necessary to fill out a new application. If an applicant updates his/her application, the one year clock will be restarted.

SERVICE RECORD:

If you are a military veteran, please provide information regarding your military service and type of discharge: _____

DISCLAIMER AND SIGNATURE

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employee's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate me at any time, with or without cause or prior notice. I understand that no representatives of the Employer have the authority to make any assurances to the contrary. It is also understood that this employment application, or by granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this agency. I give the Employer the right to investigate all references and to secure any additional information about me, if job related, hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

_____ Yes _____ No

Signature

Date