

APPLICATION FOR EMPLOYMENT

City of Centerville
312 East Maple Street
Centerville, IA 52544

We are an Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For:	Date of Application:
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How Did You Learn About Us?

Advertisement Employment Agency Friend Relative Inquiry

Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number (s)	Social Security Number		

Best time to contact you: ____:____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If Yes, give date ____/____/____

Have you ever been employed with us before? Yes No If Yes, give dates ____/____/____ to ____/____/____

Do any of your friends or relatives, other than your spouse, work here? Yes No
If Yes, state name, relationship and department _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available to work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time (Please indicate Morning Afternoon)
 Temporary (Please indicate dates available ____/____/____ to ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

School	Name & Address Of School	Course of Studies	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. *You may exclude any organizations that may indicate race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other protected status.*

Employer _____ Dates Employed: From ____/____/____ To ____/____/____
Address _____ Telephone Number _____
Job Title _____ Hourly Rate/Salary _____ Supervisor _____
Work/Duties Performed: _____
Reason for Leaving: _____ May we contact? Yes No

Employer _____ Dates Employed: From ____/____/____ To ____/____/____
Address _____ Telephone Number _____
Job Title _____ Hourly Rate/Salary _____ Supervisor _____
Work/Duties Performed: _____
Reason for Leaving: _____ May we contact? Yes No

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Job Title _____ Hourly Rate/Salary _____ Supervisor _____
Work/Duties Performed: _____
Reason for Leaving: _____ May we contact? Yes No

Comments: Please include explanation of any gaps in employment.

Describe any job-related training you may have received in the United States military.

List professional, trade, business or civic activities and offices held. *You may exclude any membership that may reveal race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other protected status.*

Other Qualifications. Summarize any special job related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Skills/Equipment Operated)

- Computer Typewriter Calculator Copier Telephone/FAX
- Spreadsheet Word Processing Production/Heavy Equipment (list) _____
- Other (list) _____

State any additional information you feel may be helpful to us in considering your application:

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors).

Name	Phone Number	Best Time to Call	Occupation
1. _____			
2. _____			
3. _____			

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

APPLICANT'S STATEMENT

I certify that the 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 should inquire as to whether or not applications are being accepted at this 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

_____ Signature of Applicant	_____ Date
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