APPLICATION FOR EMPLOYMENT

City of Centerville 312 East Maple Street Centerville, IA 52544

Other (Specify)

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.

Position(s) Applied For: Date of Application: How Did You Learn About Us?	
D. A. Martin and D.	
□ Advertisement □ Employment Agency □ Friend □ Relative □ Inquir	y
□ 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/to/	9
Do any of your friends or relatives, other than your spouse, work here?	□ No
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? Proof of citizenship or immigration status will be required upon employment.	□No
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 Course of Studies Years Diplor Of School Completed	na/Degree
High School	
Undergraduate College	
Graduate/ Professional	(A)

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 ______ Supervisor _____ Work/Duties Performed: _____ Reason for Leaving:_____ _____ May we contact? ☐ Yes ☐ No Address ______ Telephone Number _____ Work/Duties Performed: _____ Reason for Leaving:____ ____ May we contact? ☐ Yes ☐ No Employer _____ Dates Employed: From____/____To___/ Address ______ Telephone Number _____ Job Title _____ Supervisor _____ Work/Duties Performed: Reason for Leaving:____ _____ May we contact? ☐ Yes ☐ No Employer _____ Dates Employed: From ___/__ / __ To __/ __/ Address ______ Telephone Number _____ Job Title _____ 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,

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Computer	96 °				
SPECIALIZED SKILLS (Skills/Equipment Operated) Computer					
□ Computer □ Typewriter □ Calculator □ Copier □ Telephone/FAX □ Spreadsheet □ Word Processing □ Production/Heavy Equipment (list) □ Copier □ Telephone/FAX □ Spreadsheet □ Word Processing □ Production/Heavy Equipment (list) □ Color Include Includ					
□ Spreadsheet □ Word Processing □ Production/Heavy Equipment (list)	SPECIALIZED SKIL	LS (Skills/Equipment Opera	ated)		
Cother (list)	□ Computer	☐ Typewriter	□ Calculator	☐ Copier	☐ Telephone/FAX
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).	□ Spreadsheet	□ Word Processing	☐ Production/Heavy	Equipment (list)	
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	SIGNATURE				
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Signature of Applicant Date	SIGNATURE Signature of Applica	nt	3	Date	