

APPLICATION FOR EMPLOYMENT

The City of Peosta is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

APPLICANT QUESTIONS:

Position desired: _____ Date Available: _____

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes _____ No _____

Are you 16 years of age or older? Yes _____ No _____
(If under 16 years of age, you will be required to obtain a work permit)

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes _____ No _____

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

EDUCATION:

School or last grade completed:

Name & Address of School: _____
Course of Study: _____ Number of years completed: _____
Degree/Diploma: _____

College or Technical School

Name & Address of School: _____
Course of Study: _____ Number of years completed: _____
Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____
Course of Study: _____ Number of years completed: _____
Degree/Diploma: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

	Name	Occupation	Years Known	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with the City of Peosta (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand this application will be active for a period of one (1) year; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application **are true** and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____