

CITY OF HILLS APPLICATION FOR EMPLOYMENT

The City of Hills is an Equal Opportunity Employer

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, or veteran's status.

(Print neatly and complete all blanks)

Auxiliary aids and services are available upon request to individuals with disabilities.

PERSONAL INFORMATION:

Full Name: _____
 First Middle Initial Last

Current Address: _____
 Number Street/PO Box City State Zip

Telephone Number: _____ Social Security Number: _____

E-Mail Address: _____

Are you 18 years of age or older? Yes or No

Are you legally able to work in the United States? Yes or No

Are you a military Veteran as defined in Iowa Code Section 35.1? Yes or No

If yes, provide dates of active duty: _____ to _____

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes or No

If yes, provide all other name(s): _____

POSITION DESIRED:

Job Title: _____ Date you can start: _____ Wage Desired: _____

Are you available for work: Full-Time Part-Time Shift Work Seasonal

EDUCATION:

Do you have a High School Diploma or GED? Yes or No

Name of the last school attended: _____ City: _____ State: _____

Circle Last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

Other Training or Skills (factory or office machines operated, special courses, computer skills, etc):

EMPLOYMENT HISTORY:

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

Address: _____

Number Street

City

State

Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____

Number Street

City

State

Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
 Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact your former employers to verify this information? Yes or No

May we contact your present employer? Yes or No

APPLICANTS THAT MAY DRIVE A CITY VEHICLE

Please complete the following information to enable a driving record check:

Date of Birth: _____
Driver's License Information: State: _____ Number: _____

DRIVING EXPERIENCE/EQUIPMENT EXPERIENCE

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Approx. miles</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State any special driving course or training: _____
Have you received any safe driving awards?: _____ List: _____
Have you ever been involved in an accident? _____
Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____
Has your motor vehicle license, permit or privilege ever been suspended or revoked? _____
Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol?

ACCIDENT RECORD

(List all accidents in the past 5 years)

	<u>Date</u>	<u>Nature of Accident</u>	<u>Injuries</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

TRAFFIC VIOLATIONS

(List all charged traffic violations in the past 5 years, excluding parking violations)

	<u>Date</u>	<u>City/State</u>	<u>Charge</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please provide any additional information about your abilities or interests that makes you a good candidate for this position: _____

I authorize investigation of all statements contained in the application. I certify that all information is true. I understand that omission or misrepresentation of these facts is cause to eliminate this application for consideration or for dismissal.

Signature: _____ **Date:** _____

