

# CITY OF ZEARING APPLICATION FOR EMPLOYMENT

The City of Zearing 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.

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## PERSONAL INFORMATION:

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Full Name: \_\_\_\_\_  
                    First                                    Middle Initial                                    Last

Current Address: \_\_\_\_\_  
                    Number    Street/PO Box                    City                    State    Zip

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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): \_\_\_\_\_

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## POSITION DESIRED:

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Job Title: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

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

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## EDUCATION:

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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: \_\_\_\_\_

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

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## **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: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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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

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.**

**It is my understanding that the City will make a thorough investigation of my work history and may verify all data given in my application for employment, related papers or oral interviews, and obtain additional information relating to my background. I authorize all persons and entities to supply any information concerning my background. I specifically waive written notice of such disclosures from my former employers. In consideration of the City's review of this application, I release the City and all providers of information from any liability as a result of furnishing and receiving this information.**

**I understand that nothing contained in this application, or in the granting of an interview, creates an offer of employment. If I am granted**

**employment, I agree to conform to the rules and regulations of the City. I understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of the City or myself.**

**Signature:** \_\_\_\_\_