

Application for Employment

City Website: <http://www.cityofhawarden.com>
Email: city@cityofhawarden.com



1150 Central Avenue
Hawarden, IA 51023

(712) 551-2565 Fax (712) 551-1117

CITY OF HAWARDEN, IA

An Equal Opportunity Employer

Pre-employment drug screening is conducted for all positions within the City of Hawarden.

POSITION APPLIED FOR _____

DATE OF APPLICATION ____ / ____ / ____

NAME _____

OTHER NAMES USED _____

MAILING ADDRESS _____

PRIMARY TELEPHONE NUMBER (____) ____ - ____ ALTERNATE TELEPHONE NUMBER (____) ____ - ____

EMAIL ADDRESS _____

REFERRAL SOURCE _____

May we contact you at work? YES NO If YES, TELEPHONE NUMBER _____

Are you over the age of 18? YES NO

Have you ever been employed by the City of Hawarden? YES NO If yes, give dates _____

I understand, if hired, I will be required to provide proof of eligibility to work in the United YES NO

Have you ever been convicted of any law violation other than a minor traffic violation? YES NO
("YES" answer does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying will also be considered.)

If yes, give details: _____

Are you related to anyone working for the City of Hawarden? YES NO If Yes, list name _____

Do you have a valid license? YES NO Driver's License # _____ CDL? _____ STATE? _____

Have you ever been dismissed or asked to resign from any position? YES NO

If yes, please explain

Veteran's Preference

Are you an U.S. Veteran? YES NO

Those wishing to claim Veteran's preference must submit Proof of Service (DD 214)

Iowa Open Records

The City is subject to the Iowa Open Records Law. Do you desire that your Application be kept confidential to the extent permitted by law? YES NO

Professional

List three (non-related) persons who can objectively assess your professional or scholastic performance.

| NAME | TELEPHONE | YEARS KNOWN |
|------|-----------|-------------|
| | | |
| | | |
| | | |

Employment History

List your employment history starting with the most recent employer. List all positions held, including military experience, part-time, summer and/or volunteer work and periods of unemployment. Explain any gaps in employment in comments section below.

| | | | | |
|--------------------------------|--------------------|-----------------|--|-------------------------------------|
| EMPLOYER | TELEPHONE () - | DATES EMPLOYED | | Summarize your job responsibilities |
| ADDRESS | | FROM | TO | |
| JOB TITLE | | SALARY | | |
| IMMEDIATE SUPERVISOR AND TITLE | | FINAL | | |
| REASON FOR LEAVING | | \$ | PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/> | |
| | | MAY WE CONTACT? | | |
| EMPLOYER | TELEPHONE () - | DATES EMPLOYED | | Summarize your job responsibilities |
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| JOB TITLE | | SALARY | | |
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| JOB TITLE | | SALARY | | |
| IMMEDIATE SUPERVISOR AND TITLE | | FINAL | | |
| REASON FOR LEAVING | | \$ | PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/> | |
| | | MAY WE CONTACT? | | |

Additional job history can be attached.

EXPLAIN GAPS IN EMPLOYMENT: _____

Educational Record

| SCHOOL NAME AND LOCATION | Elementary School | High School | Undergraduate College/Univ. | Graduate |
|--------------------------|-------------------|-------------|-----------------------------|----------|
| Years Complete: | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree | | | | |
| Describe Course of Study | | | | |

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications you would like us to consider including certifications and licenses. _____

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

In applying for employment I want the City to be fully informed of my previous record and I hereby authorize the City to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, schools, companies, law enforcement agencies and other organizations or employers from any liability on account of furnishing such information.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City retains a similar right except as otherwise provided by law or modified by contract I understand that if hired I may be required to take and pass a physical exam and/or drug test prior to starting work.

I understand that any withholding of information or misrepresentation on this application or on City medical forms could result in rejection for employment, or if employed, termination from the City.

Signature: _____ Date: _____