

APPLICATION FOR EMPLOYMENT
CITY OF SHELDON, IOWA

Please Print or Type

Position applied for: _____ Date of Application: _____

Full Name: _____
Last First Middle

Are you known by any other name/s or nicknames? If yes, what? _____

Address: _____
Street City State Zip Code

Telephone Number: (____) _____ Social Security Number: _____-_____-_____

If necessary, the best time to call you is _____ May we contact you at work? Yes No

If yes, the best time to call you and the number is _____ (____) _____

Have you ever filed an application here before? Yes No If yes, when? _____

Have you ever been employed by the City of Sheldon before? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No If no, list your alien status _____

If hired, when would you be available to start work? _____

Employment desired: Full-time Part-time Temporary Seasonal Intern

Are you on lay-off or subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it Yes No

Are you able to meet the requirements of the position? Yes No

Will you work overtime if it is required? Yes No

Will you work nights? Yes No Weekends? Yes No Holidays Yes No

Have you ever been bonded? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain _____

Is there any reason that you would not be insurable with the City's vehicle insurance carrier? Yes No

THE CITY OF SHELDON IS AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent. Include military experience. Please explain any gaps in employment in comment section.

Employer _____ Telephone Number _____

Address _____

Dates Employed _____ Salary Start/End _____

Immediate Supervisor & Title _____

Reason for Leaving _____

Summary of Job _____

May we contact for reference? Yes No Later

Employer _____ Telephone Number _____

Address _____

Dates Employed _____ Salary Start/End _____

Immediate Supervisor & Title _____

Reason for Leaving _____

Summary of Job _____

May we contact for reference? Yes No Later

Employer _____ Telephone Number _____

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Address _____

Dates Employed _____ Salary Start/End _____

Immediate Supervisor & Title _____

Reason for Leaving _____

Summary of Job _____

May we contact for reference? Yes No Later

Educational Background

List schools attended, starting with the most recent. List number of years completed. Indicated degree or diploma earned if any.

School	Year Completed	Degree/Diploma	Class Rank	Major/Minor

List any foreign language(s) you know and check the boxes that describe your skill level

Language	Speak Some	Speak Fluently	Read	Write	Translate

References

List name & telephone number of at least three references who are not related to you and are not previous supervisors. Do not use minister, priest, or clergy. Only current references should be listed that agree to be contacted on your behalf.

Name	Address	Telephone	Years Known

Professional, trade, business or civic associations and any offices held. Exclude any memberships that would reveal sex, race, religion, national origin, age, color, disability or other protected status.

Organization	Office Held

List any special leaning skills, accomplishments, publications, awards that you believe are relevant to the position you are applying for.

Any additional information that you would like us to consider? _____

Comments: _____

Referral Source? Newspaper Radio Employee Relative Employment Agency Walk-in

Name of Source (if applicable)? _____

Are you related to any current employee of the City? Yes No If yes, who? _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed.

I give the City of Sheldon the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The City of Sheldon is an Equal Opportunity Employer. The City of Sheldon does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept on file for six (6) months. At the conclusion of this time, if I have not heard from the City of Sheldon, and still want to be actively considered for a position open with the City, I acknowledge that it will be necessary for me to fill out a new application.

I understand that just as I am free to resign at any time the City of Sheldon reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Sheldon has any authority to make any assurances to the contrary.

I understand it is the policy of the City of Sheldon not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature

Date