CITY OF ALDEN APPLICATION FOR EMPLOYMENT

The City of ALDEN 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: ____________________________

Are you 18 years of age or older? Yes [ ]    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 [ ] 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 □

____________________________________________________________________

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: ____________________________