



# CITY OF CHARLES CITY

105 Milwaukee Mall, Charles City, Iowa 50616

**AN EQUAL OPPORTUNITY EMPLOYER**

## APPLICATION FOR EMPLOYMENT

### Instructions and Information (Read Before Completing Application)

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of non-job-related medical conditions or handicap.

Applications must be signed by the applicant in their own writing. Applications will not be considered unless the application is complete.

The City of Charles City reserves the right to require a medical examination of applicant after the initial offer of employment and this may include testing for the presence of controlled substances or other drugs. If such a medical examination is required, employment is conditioned on a determination that the employee is not prevented by his or her medical condition from performing all job requirements.

### PLEASE PRINT CLEARLY

Date of Application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Referral Source:	Advertisement	Friend	Relative
	Walk-In	Employment Agency	Other

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Have you ever been employed by the City of Charles City?      Yes      No  
If yes, give date and position: \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you available to work:      Full Time      Part Time      Temporary

Do you have any relatives working for the City of Charles City?      Yes      No  
If so, who and what is their relationship to you? \_\_\_\_\_  
(Violations of Iowa Code, Chapter 71 are prohibited.)

Are you a veteran of the U.S. Military Service? Yes No

If yes, please list branch: \_\_\_\_\_  
(As provided for in Iowa Code, Chapter 35C.1.)

Do you have a valid Driver's License? Yes No

If yes, License # \_\_\_\_\_ State \_\_\_\_\_  
Class: Regular \_\_\_\_\_ Commercial \_\_\_\_\_ Other \_\_\_\_\_

Has your license been suspended or revoked in the past 5 years? Yes No

Have you been convicted of a crime in the past 7 years? Yes No

If yes, please explain \_\_\_\_\_  
CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE  
CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex, age, national origin, disability or any other similarly protected status.)

List any additional information you would like us to consider.

Please list three references who are not related to you and are not previous employers:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number:

## EDUCATION

Name of School	Years Completed	Degree
High School: _____	9 10 11 12	
College/University: _____	1 2 3 4	
Graduate/Professional: _____	1 2 3	

Describe Course of Study: \_\_\_\_\_

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

Employer: _____	Telephone # _____	Dates Employed
Address: _____	May We Contact: _____	From      To
City: _____	Job Title: _____	
State: _____	Zip: _____	Supervisor: _____
Work Performed: _____		Rate of Pay
Reason for Leaving: _____		Starting      Final

Employer: _____	Telephone # _____	Dates Employed
Address: _____	May We Contact: _____	From      To
City: _____	Job Title: _____	
State: _____	Zip: _____	Supervisor: _____
Work Performed: _____		Rate of Pay
Reason for Leaving: _____		Starting      Final

Employer: _____	Telephone # _____	Dates Employed
Address: _____	May We Contact: _____	From      To
City: _____	Job Title: _____	
State: _____	Zip: _____	Supervisor: _____
Work Performed: _____		Rate of Pay
Reason for Leaving: _____		Starting      Final

Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_ Dates Employed  
 Address: \_\_\_\_\_ May We Contact: \_\_\_\_\_ From To  
 City: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay  
 Work Performed: \_\_\_\_\_ Starting Final  
 Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone # \_\_\_\_\_ Dates Employed  
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 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay  
 Work Performed: \_\_\_\_\_ Starting Final  
 Reason for Leaving: \_\_\_\_\_

### APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I will be required to and can provide proof of citizenship or immigration status. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. If I am employed and in consideration thereof, I understand and agree to conform to the rules and regulations of the City of Charles City and that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either the City of Charles City or myself. If I am employed, I further understand and agree that when my employment is terminated, I must return all of the City of Charles City's property in my custody.

Signature of Applicant

Date