

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with the City of Slater. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, disability, disabled veterans, or veterans of the Vietnam era. We seek applicants for employment who are qualified, dedicated, hardworking and seek fulfilling employment.

PERSONAL INFORMATION DATE _____

NAME _____ SS# _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

HOW MAY WE REACH YOU? _____ HOME PHONE NUMBER _____

ALTERNATE NUMBER _____ EMAIL ADDRESS _____

Are you 18 years or older? Yes No

Are you a citizen of the United States, or are you legally able to work in the United States? Yes No

Have you ever been convicted of a serious misdemeanor or felony crime? Yes No

EMPLOYMENT DESIRED Full Time Part Time

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OR YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED/ DEGREE OBTAINED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE , BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.)

1. Dates of Employment: From _____ To _____		Name of Employer: _____		Position Held:
Employer Address: _____ (Street, State, Zip)				Phone Number:
Starting Wages: _____	Ending Wages: _____	Supervisor's Name: _____	Reason For Leaving: _____	
2. Dates of Employment: From _____ To _____		Name of Employer: _____		Position Held:
Employer Address: _____ (Street, State, Zip)				Phone Number:
Starting Wages: _____	Ending Wages: _____	Supervisor's Name: _____	Reason For Leaving: _____	
3. Dates of Employment: From _____ To _____		Name of Employer: _____		Position Held:
Employer Address: _____ (Street, State, Zip)				Phone Number:
Starting Wages: _____	Ending Wages: _____	Supervisor's Name: _____	Reason For Leaving: _____	

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR.

NAME	PHONE	BUSINESS / RELATIONSHIP	YEARS ACQUAINTED
1.			
2.			
3.			

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, other documents or verbally obtained during an employment interview. I voluntarily consent to allow the City of Slater, Iowa. or any of its representatives or agents to check my references by contacting any persons, company of governmental entity they deem to be an appropriate reference. I understand these questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date. I pledge, if hired to comply with the guidelines of conduct and company policies and procedures of the City of Slater, but realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner be terminated by the company or myself with or without cause or previous notice. This application will be kept in a current file for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration

APPLICANT'S SIGNATURE _____

DATE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED Yes No INTERVIEWED BY _____ DATE _____

REMARKS (SEE INTERVIEW EVALUATION IF APPLICABLE) _____

HIRED Yes No POSITION FILLED _____

SALARY/WAGE _____ DATE REPORTING FOR WORK _____

APPROVED: _____
 CHIEF EXECUTIVE OFFICER CHIEF OPERATING OFFICER

HIRING MANAGER OFFICE MANAGER