

# 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

LAST

FIRST

MIDDLE

SS# \_\_\_\_\_

**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.)**

<b>1.</b> 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:
<b>2.</b> 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:
<b>3.</b> 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 or 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 \_\_\_\_\_