

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.)

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 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 _____