

CITY OF CORWITH APPLICATION FOR EMPLOYMENT

The City of CORWITH 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.

(Please print clearly and complete all blanks)

PERSONAL INFORMATION:

Full Name: _____
First Middle Initial Last

Current Address: _____
Street City State Zip

Phone: _____ Social Security Number: _____

Driver's License Number: _____

Are you 18 years of age or older? Yes ☐ No ☐

Are you legally able to work in the United States? Yes ☐ 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 ☐ 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 ☐ 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 BA BS 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 current or most recent. (Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

Address: _____
Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
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 ☐ No ☐

May we contact your present employer? Yes ☐ No ☐

Please provide any additional information about your abilities or interests that makes you a good candidate for this position: _____

REFERENCES: PLEASE PROVIDE THREE *(2 Professional, 1 Personal)*

Name: _____

Company: _____

Association to Applicant _____

Phone Number _____

Name: _____

Association to Applicant _____

Phone Number _____

Name: _____

Company: _____

Association to Applicant _____

Phone Number _____

I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts is cause for dismissal.

Signature: _____ **Date:** _____