

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement       Friend       Inquiry  
 Employment Agency       Relative       Other \_\_\_\_\_

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Social Security Number	

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No  
If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time (Please indicate 1 2 3 shift)  
 Part Time (Please indicate Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Comments: Include explanation of any gaps in employment.**


NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


**ADDITIONAL INFORMATION**

**Other Qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience.*


**SPECIALIZED SKILLS (Skills/Equipment Operated)**

- |                                     |  |                                       |              |
|-------------------------------------|--|---------------------------------------|--------------|
| <input type="checkbox"/> Terminal   | <input type="checkbox"/> Spreadsheet     | Production/Mobile<br>Machinery (list) | Other (list) |
| <input type="checkbox"/> PC/MAC     | <input type="checkbox"/> Word Processing |                                       |              |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Shorthand       |                                       |              |
| WPM _____                           | WPM _____                                |                                       |              |

*State any additional information you feel may be helpful to us in considering your application.*


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_ YES \_\_\_ NO

**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

**ACKNOWLEDGEMENT AND AUTHORIZATION  
REGARDING APPLICATION OF IOWA OPEN  
RECORDS AND OPEN MEETINGS LAW TO  
DIRECT OF HUMAN RESOURCES**

**TO: Applicant**

**It is the opinion of the City's Corporation Counsel that Iowa open meetings and records laws (Chapter 21 and 22 of the Iowa Code) apply to the selection process. Applications may be kept confidential and the selection process may be done in closed sessions if the applicant so requests.**

**The City reasonably believes that persons may be discouraged from applying if the applications are open to public examination. Sessions in which the professional qualifications of the applicant are reviewed and discussed may be done in closed sessions, provided the applicant has so requested, to protect that individual's reputation.**

**FOR APPLICANT'S SIGNATURE:**

**I hereby acknowledge that the selection process for position of \_\_\_\_\_ is subject to Iowa open meetings and records laws. To the extent allowed by law, I request that my application be kept confidential. I further request that sessions in which my professional qualifications are reviewed and discussed be done in closed session so as to protect my reputation.**

**Applicant:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**NOTE: If you do not sign and return this Acknowledgement, your application may become a public record at the City's discretion and consideration of your application may be done in open session.**

# *City of Blue Grass*

[www.bluegrassia.org](http://www.bluegrassia.org)

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*114 N. Mississippi St.  
Blue Grass, IA 52726*

*Telephone (563) 381-4700  
Fax (563) 381-2801*

I, the undersigned, agree to allow the City of Blue Grass to perform a full background investigation for possible employment with the City of Blue Grass.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date