

CITY OF KEOSAUQUA

Employment Application

Date:



APPLICANT INFORMATION													
Last Name			First			M.I.							
Current Street Address					Apartment/Unit #								
City				State		ZIP							
Phone			E-mail Address										
Have you ever been known by any other name(s) that this City will require to verify any information on this application?													
Position Applied for				Full-Time, Part-Time, Temp or Seasonal?									
Are you 18 years or older?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you legally able to work in the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this City?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Have you ever been convicted of a crime in State or Federal Court?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
EDUCATION													
Last School attended:				Address									
Do you have a High School Diploma or GED?				YES <input type="checkbox"/>		NO <input type="checkbox"/>							
College				Address									
Highest degree earned:				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other Training or Skills (Office Machines Operated, Special Courses, Computer Skills, etc.)													
Area of Concentration and/or degree(s), certificates, licenses, endorsements:													
REFERENCES													
<i>Please list three professional references.</i>													
Full Name				Relationship									
Company				Phone									
Address													
Full Name				Relationship									
Company				Phone									
Address													
Full Name				Relationship									
Company				Phone									
Address													

PREVIOUS EMPLOYMENT (LIST EMPLOYERS, STARTING WITH THE CURRENT OR MOST RECENT)

Company		Phone
Address		Supervisor
Job Title	Rate of Pay: \$	
Responsibilities		
Start Date	End Date	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title	Rate of Pay: \$	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title	Rate of Pay: \$	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Are you a military Veteran? Yes or No?

If Yes, Dates of Active Duty: _____ to _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. (Circle One) : Yes or No

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal if this application leads to employment. (Circle One): Yes or No

I consent to having this application and any accompanying documents treated as public records. (Circle One): Yes or No

Signature _____ Date _____

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.