



**CITY OF CHARLES CITY
105 MILWAUKEE MALL, STE #2
CHARLES CITY, IA 50616**

APPLICATION FOR EMPLOYMENT

Instructions and Information

(Read Before Completing Application)

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of non-job-related medical conditions or handicap.

Applications must be signed by the applicant in their own writing. Applications will not be considered unless the application is complete.

The City of Charles City reserves the right to require a medical examination of applicant after the initial offer of employment and this may include testing for the presence of controlled substances or other drugs. If such a medical examination is required, employment is conditioned on a determination that the employee is not prevented by his or her medical condition from performing all job requirements.

PLEASE PRINT CLEARLY

Date of Application: _____

Position Applied for: _____

Referral Source: Advertisement Friend Relative
 Walk-In Employment Agency Other

NAME _____

ADDRESS _____ CITY _____

TELEPHONE: _____

Have you ever been employed by the City of Charles City? Yes No
 If yes, give date and position: _____

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Temporary

Do you have any relatives working for the City of Charles City? Yes No
 If so, who and what is their relationship to you? _____
 (Violations of Iowa Code, Chapter 71 are prohibited.)

Are you a veteran of the U.S. Military Service? Yes No

If yes, please list branch: _____
(As provided for in Iowa Code, Chapter 35C.1.)

Do you have a valid Driver's License? Yes No

If yes, License # _____ State _____
Class: Regular _____ Commercial _____ Other _____

Has your license been suspended or revoked in the past 5 years? Yes No

Have you been convicted of a felony in the past 7 years? Yes No

If yes, please explain _____
CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE
CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

List professional, trade, business or civic activities and offices held. (Exclude those which
indicate race, color, religion, sex ,age, national origin, disability or any other similarly protected
status.)

List any additional information you would like us to consider.

Please list three references who are not related to you and are not previous employers:

Name: _____ Address: _____

Phone Number: _____

Name: _____ Address: _____

Phone Number: _____

Name: _____ Address: _____

Phone Number: _____

EDUCATION

Name of School

Degree

High School: _____

College/University: _____

Graduate/Professional: _____

Describe Course of Study: _____

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

Employer: _____ Telephone # _____

Address: _____ May We Contact: _____

City: _____ Job Title: _____

State: _____ Zip: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Dates Employed

Dates Employed	
From	To
Rate of Pay	
Starting	Final

Employer: _____ Telephone # _____

Address: _____ May We Contact: _____

City: _____ Job Title: _____

State: _____ Zip: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Dates Employed

Dates Employed	
From	To
Rate of Pay	
Starting	Final

Employer: _____ Telephone # _____

Address: _____ May We Contact: _____

City: _____ Job Title: _____

State: _____ Zip: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Dates Employed

Dates Employed	
From	To
Rate of Pay	
Starting	Final

Employer: _____ Telephone # _____

Address: _____ May We Contact: _____

City: _____ Job Title: _____

State: _____ Zip: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Dates Employed	
From	To
Rate of Pay	
Starting	Final

Employer: _____ Telephone # _____

Address: _____ May We Contact: _____

City: _____ Job Title: _____

State: _____ Zip: _____ Supervisor: _____

Work Performed: _____

Reason for Leaving: _____

Dates Employed	
From	To
Rate of Pay	
Starting	Final

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I will be required to and can provide proof of citizenship or immigration status. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. If I am employed and in consideration thereof, I understand and agree to conform to the rules and regulations of the City of Charles City and that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either the City of Charles City or myself. If I am employed, I further understand and agree that when my employment is terminated, I must return all of the City of Charles City's property in my custody.

Signature of Applicant

Date