

# CITY OF GEORGE

Box 686, 120 S Main St

George, IA 51237

Phone 712-475-3612

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## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

If applying for Lifeguard – are you at least 15 years of age and able to obtain certification? YES  NO

If applying for mowing help are you at least 16 years of age? YES  NO

If applying for street help/City worker are you at least 18 years of age? YES  NO

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Degree: \_\_\_\_\_

### References

Please list three personal/professional references. Make sure your references are not relatives.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, and I may be terminated regardless of the date on which the Employer discovers the violation of its policy regarding application form dishonesty.*

*In connection with my application for employment with the Employer, I expressly authorize the release to the Employer of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the Employer and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the Employer as part of my application for employment.*

*If I am offered and accept employment with the Employer, I understand that my employment is "At Will" and that my employment may be terminated at any time and for any reason either by me or the Employer.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Driving Information**

**FOR MOTOR VEHICLE OPERATOR APPLICANTS ONLY**

The following 3 questions must be answered in order to complete a check of your driving record:

Date of Birth: \_\_\_\_\_

Driver's License Information: State: \_\_\_\_\_ Number: \_\_\_\_\_

**Driving Experience**

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Dates</u>	<u>Approx. Miles</u>
Straight Truck: _____	_____	_____	_____
Tractor & Semi: _____	_____	_____	_____
Tractor – 2 Trailers: _____	_____	_____	_____
Tractor- Flatbed: _____	_____	_____	_____

State any special course or training that will help you as a driver: \_\_\_\_\_

Have you ever received any safe driving awards?: \_\_\_\_\_ If "yes" from whom: \_\_\_\_\_

If you answer "yes" to any of the following questions, you must provide detail on back:

Have you ever had an automobile accident: \_\_\_\_\_

Have you ever been denied a license, permit, or privilege ever been suspended or revoked? \_\_\_\_\_

Has your motor vehicle license, permit, or privilege to operate a motor vehicle: \_\_\_\_\_

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol (DWI) or for driving while intoxicated (DWI)? \_\_\_\_\_

**Accident Record**

(List all accidents in the past \_\_\_\_\_ years whether chargeable or non-chargeable)

	<u>Date</u>	<u>Nature of Accident</u>	<u>Fatality</u>	<u>Injuries</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**Traffic Conviction Record**

(List all traffic convictions and guilty pleas, in past \_\_\_\_\_ years, other than parking violations)

	<u>Date</u>	<u>City and State</u>	<u>Charge</u>	<u>Penalty</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____