

City of Dallas Center Application for Employment

City of Dallas Center / P.O. Box 396 / Dallas Center, Iowa 50063

Directions:

Answer all of the questions completely. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

General:

Name (Last, First, Middle Initial): _____

Address: _____
(city) (state) (zip code)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

* At least one phone number is required.

Social Security Number: _____

Valid Driver's License Number: _____

Position Applying For: _____

Salary Expected: _____ Date Available: _____

Have you ever worked for the City of Dallas Center? Yes No

If yes, from _____ (Mo/Yr) to _____ (Mo/Yr)

To assist with verifying previous work experience and/or education, please list other names you have gone by: _____

Are you related to any member of the Dallas Center City Council or any Dallas Center Board or Commission Member, or any City of Dallas Center Employee?

Yes No

If yes, indicate his/her Name, Position and Relationship to You: _____

What are your preferred working hours? _____

Are you able to work occasional overtime as needed? Yes No

Education/Skills

Professional Registration(s), License(s), and/or Certification(s) you possess that relate to this position:

Special Training that relates to this position:

List computer software program(s) in which you are proficient in operating that relate to this position:

List equipment with which you are proficient in operating that relate to this position:

May we contact your current employer/supervisor if you are considered for hire:
Yes No

Begin with you present or most recent position and list all jobs, paid or volunteer, over the past ten years. Please make copies and use as many of these sheets as necessary to continue your employment history.

Please DO NOT write “See Resume” in the spaces below.

Employer: _____ Type of Business: _____

Address: _____

Job Title: _____

Supervisor (Name/Title/Phone): _____

Employment Dates: From _____(Mo/Yr) To _____(Mo/Yr)

Total Time Employed: _____ (Yrs/Mos)

Hours Per Week: _____ Present/Ending Wage: _____ Per _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____ Type of Business: _____

Address: _____

Job Title: _____

Supervisor (Name/Title/Phone): _____

Employment Dates: From _____(Mo/Yr) To _____(Mo/Yr)

Total Time Employed: _____ (Yrs/Mos)

Hours Per Week: _____ Present/Ending Wage: _____ Per _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____ Type of Business: _____

Address: _____

Job Title: _____

Supervisor (Name/Title/Phone): _____

Employment Dates: From _____(Mo/Yr) To _____(Mo/Yr)

Total Time Employed: _____ (Yrs/Mos)

Hours Per Week: _____ Present/Ending Wage: _____ Per _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____ Type of Business: _____

Address: _____

Job Title: _____

Supervisor (Name/Title/Phone): _____

Employment Dates: From _____(Mo/Yr) To _____(Mo/Yr)

Total Time Employed: _____ (Yrs/Mos)

Hours Per Week: _____ Present/Ending Wage: _____ Per _____

Work Performed: _____

Reason for Leaving: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status and right to work will be required upon employment in accordance with the Immigration Control Act of 1986).

Have you ever been convicted of a misdemeanor (other than minor/civil traffic offenses) or felony, placed on probation, fined or given a suspended sentence?

Yes No

If yes, please give dates, nature of offense, and disposition.

Note: Reckless operation, hit-and-run, D.U.I. and excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including civil offenses) should be reported.

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW:

I certify that all statements made on this application form and, if applicable, any supplemental material are true and complete. I understand that any omission or misstatement, or falsification may be cause for rejection of this application, removal of my name from eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization or institution to release any and all information concerning statement made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in providing such information.

Print Applicants Name: _____

Applicant's Signature