CITY OF HORNICK EMPLOYMENT APPLICATION

This City is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, national origin or disability.

Position Applied For			D	Date of Application
question. Print or writhis application form	te carefully. If you nor in any intervien in any interview, you	provide fals w or if you f	ail to disclose inform	fully respond to any omplete information in ation requested in this ment, or, if you are hired,
	· · · · · · · · · · · · · · · · · · ·		ORMATION All Applicants)	
Last Name		First Nam	ne	Middle Name
Street Address	City	State	Zip Code	Telephone
Are you 18 or older	Social Security N	umber	Are you legally eligi	ble to work in the U.S.
e-mail address				
Is there any name, oth yourself:	ner than the name sta	ated above, w	which you have previou	usly used to identify
If you are a military v discharge:	reteran, please provi	de informatio	on regarding your mili	tary service and type of

EMPLOYMENT HISTORY

(To Be Completed By All Applicants – List Most Recent Employer First)

Be sure to include an explanation for all gaps in time of employment

Employer Name:		Phone Number:
Start Date:	_ End Date: _	Supervisor's Name:
Position held and duties: _		
Ending Salary:		Reason for Leaving:
		Phone Number:
Start Date:	_ End Date: _	Supervisor's Name:
Position held and duties: _		
Ending Salary:		Reason for Leaving:
		Phone Number:
Start Date:	_ End Date: _	Supervisor's Name:
Position held and duties: _		
Employer's address:		
May inquiry be made of yeemployment? Yes	-	mployer regarding your character, qualifications and record of
May inquiry be made of yo	our past empl	oyer(s) regarding your character, qualifications and record of

Have you previously applied for employmand under what name:		
Have you previously been employed by th	yes", when and under what name:	
What was your attendance record with you	ur last three employers:	
Other than vacation and holidays, how ma How many months have you been unempl How many months have you been unempl	loyed in the last 12 months:	:
(To Be C	EDUCATION ompleted By All Applicant	rs)
High School Name	Location (Ci	ty/State)
Years Completed	Diploma/Degree	
Colleges and Trade Schools Name of School Location	Years Completed T	<u>Sotal Hours</u> <u>Degree Earned</u>
List professional, trade, business or civic a which would reveal gender, race, religion status:	, national origin, age, ance	
Describe any specialized training, apprent	iceship, skills and extra-cu	rricular activities.
Other Qualifications. Summarize special jemployment or other experience.	1 0	, 1

Specialized Skills (Check	Skills/Equipment Operated)	
Terminal PC/MAC	Spreadsheet Word Processing	Other (list)
		us in considering your application.
	CRIMINAL RECO	
	udes a guilty plea, a plea of nolo and an adjudication of guilt or de	contendere or no contest, a deferred elinquency as a minor.
If you answer "yes" to any	of the following questions, you	must provide detail on the back:
Have you ever been convi-	cted of a felony:	
Have you ever been convi-	cted of a serious misdemeanor: _	
	ot necessarily bar you from emplo cency of the convictions in makin	oyment. We will consider the number, ng our decision.
References		
Name		Phone
Address		
Name		Phone
Address		
Name		Phone
Address		

FOR ALL APPLICANTS – PLEASE READ CAREFULLY BEFORE SIGNING

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, regardless of the date on which the City discovers the violation of its policy regarding application form dishonesty, I understand I would be subject to immediate termination.

In connection with my application for employment with the City, I expressly authorize the release to the City 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 City 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 City as part of my application for employment.

If I am offered and accept employment with the City, 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 by the City.

Signature	Date	
Completed applications are to be	e submitted to the City of Hornick Office.	
Please deliver or mail to:		

City of Hornick 400 Main Street PO Box 67 Hornick, IA 51026

Applications can also be deposited in the drop box on the City Office door.