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

Date of Application

Please answer ALL questions, you may add additional pages if necessary to fully respond to any question. Print or write carefully. If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

<u>PERSONAL INFORMATION</u> (To Be Completed By All Applicants)

Last Name		First Na	ame	Middle Name
Street Address	City	State	Zip Code	Telephone
Are you 18 or older	Social Security N	lumber	Are you legally eligi	ble to work in the U.S.

e-mail address

Is there any name, other than the name stated above, which you have previously used to identify yourself:

If you are a military veteran, please provide information regarding your military service and type of discharge: _____

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: _				
Employer's address:				
Ending Salary:		_Reason for Leaving:		
		Phone Number:		
Start Date:	_ End Date: _	Supervisor's Name:		
Position held and duties: _				
Employer's address:				
		_Reason for Leaving:		
		Phone Number:		
Start Date:	_ End Date: _	Supervisor's Name:		
Position held and duties: _				
F 1				
Ending Salary: Reason for Leaving:				
	our present er	nployer regarding your character, qualifications and record of		
May inquiry be made of ye employment? Yes		oyer(s) regarding your character, qualifications and record 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**

Have you previously applied for employment with the City: and under what name:		
Have you previously been employed by the City:	If "yes", when and under what name:	
What was your attendance record with your last three employ	yers:	
Other than vacation and holidays, how many days did you m How many months have you been unemployed in the last 12 How many months have you been unemployed in the last 36	months:	
EDUCATION (To Be Completed By All A	applicants)	
High School Name Loca	ation (City/State)	
Years Completed Diploma/Degree	e	
Colleges and Trade SchoolsName of SchoolLocationYears Complete	ed <u>Total Hours</u> <u>Degree Earned</u>	
List professional, trade, business or civic activities and office which would reveal gender, race, religion, national origin, a status:	ge, ancestry, disability, or other protected	

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Other Qualifications. Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

_____ Terminal _____ PC/MAC

AC Spreadsheet Word Processing

Other (list)

State any additional information you feel may be helpful to us in considering your application.

<u>CRIMINAL RECORD</u> (To Be Completed By All Applicants)

The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.

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

Have you ever been convicted of a felony:

Have you ever been convicted of a serious misdemeanor:

Note: Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness, and recency of the convictions in making 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 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.