

208 State Street • Ackley, IA 50601

An Equal Opportunity Employer

City of Ackley Application Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First)

Ph: 641-847-3332

|  |
| --- |
| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Home Phone |  | E-mail Address |  |
| Cell Phone |  | Social Security # | Upon Hire  |
| Position Applied for |  |
| 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 serious or aggravated misdemeanor? | YES [ ]  | NO [ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES [ ]  | NO [ ]  | If yes, explain |  |
| Conviction will not necessarily disqualify you from consideration for employment |
|  |
| Education & Training |
| High School |  | Address |  |
|  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
|  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
|  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| List any special training / certifications |
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|  |
| References |
| Please list three professional references. |
| 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 |  |
|  |
| Certification of Applicant – Please read carefully |
| I hereby certify that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any misrepresentation or falsification, my application will be rejected and I will be dismissed from my employment with the City of Ackley. I further authorize the City of Ackley to make all necessary & appropriate investigations to verify the information contained herein. |
| Signature |  | Date |  |
|  |  |  |  |
| Athorization & Release |
| Having made application for employment and desiring the City of Ackley to be informed as to my record(s), I hereby authorize the City of Ackley to investigate my record and I further authorize the addressed individual, company or institution to furnish the City of Ackley with any information which may concern my record, and do herby release the address individual, company or institutions and all persons whomever from any damage on account of furnishings such information. |
| Signature |  | Date |  |
|  |  |  |  |

Please submit with this completed application:

* Photo copy of your driver’s license