

CITY OF LE GRAND APPLICATION FOR EMPLOYMENT

The City of Le Grand is an Equal Opportunity Employer

(Print neatly and complete all blanks)

PERSONAL INFORMATION:

Full Name: _____

First

Middle Initial

Last

Current Address: _____

Number

Street/PO Box

City

State

Telephone Number: _____

Are you 18 years of age or older? Yes _____ No _____

Are you legally able to work in the United States? Yes _____ No _____

Are you a military Veteran as defined in Iowa Code Section 35.1? Yes _____ No _____

If Yes, provide dates of active duty: _____ to _____

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes _____ No _____

If Yes, please provide all other name(s):

Have you ever been convicted for violation of the law other than minor traffic offenses? (a conviction record will not necessarily be a bar to employment. Factors such as nature and seriousness of the violation age at time of the offense and rehabilitation will be taken into account). Yes _____ No _____

POSITION DESIRED:

Job Title: _____ Date you can start: _____ Wage Desired: _____

Are you available for work: Full-Time _____ Part-Time _____ Seasonal _____ On-Call _____

EDUCATION:

Do you have a High School Diploma or GED? Yes _____ or No _____

Name of the last school attended: _____ City _____ State: _____

Circle last year of school completed: 9 10 11 12 13 14 15 16

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements:

Other Training or Skills (factory or office machines operated, special courses, computer skills, etc.):

EMPLOYMENT HISTORY:

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

1) Company Name: _____ Job Title: _____

Address: _____

 Number Street City State Zip Code

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

2) Company Name: _____ Job Title: _____

Address: _____

 Number Street City State Zip Code

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

3) Company Name: _____ Job Title: _____

Address: _____

Number Street City State Zip Code

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact your former employers to verify this information? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Please provide any additional information about your abilities or interests that makes you a good candidate for this position: _____

REFERENCES

Name	Title	In what capacity does reference know you?	Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I authorize investigation of all statements contained in the application. I certify that all information is true. I understand that omission or misrepresentation of these facts is cause to eliminate this application for consideration or for dismissal.

Signature: _____ Date: _____