CITY OF ALTA APPLICATION FOR EMPLOYMENT

The City of Alta is an Equal Opportunity Employer

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, or veteran's status.

(Print neatly and complete all blanks)

Auxiliary aids and services are available upon request to individuals with disabilities.

PERSONAL INFORMATION

Full Name: _____
First Middle Initial Last

Current Address: _____
Number Street City State Zip

Telephone Number: _____ Email: _____

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

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

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

If yes, provide all other name(s): _____

_____

POSITION DESIRED

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

Are you available for work: Full-Time ☐ Part-Time ☐ Shift Work ☐ Seasonal ☐

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: 6 7 8 9 10 11 12 13 14 15 16 17 18

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.)

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

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

Detailed Job Duties: _____

_____

_____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

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

Detailed Job Duties: _____

_____

_____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

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

Detailed Job Duties: _____

_____

_____

Reason for Leaving: _____

_____

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

May we contact your present employer? Yes ☐ or No ☐

_____

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

_____

_____

REFERENCES

Name:_____ Relation to applicant:_____ Phone:_____

Name:_____ Relation to applicant:_____ Phone:_____

Name:_____ Relation to applicant:_____ Phone:_____

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.

Signature: _____ Date: _____