

CITY OF BONDURANT

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation and/or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied for

Date of Application

How did you learn about this opening? Advertisement Friend Relative

Employment Agency Iowa Work Force Other

Last Name

First Name

Middle Name

Address: Number

Street

City

State

Zip Code

Telephone Number(s)

E-Mail Address

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___ Yes ___ No

Have you ever filed an application with us before? ___ Yes ___ No

Have you ever been employed by us before? ___ Yes ___ No

Are you currently employed? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration "Status"?

___ Yes ___ No (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: ___ Full Time ___ Part Time ___ Shift Work ___ Temporary/Seasonal

Can you travel if a job requires it? ___ Yes ___ No

Have you been arrested within the last (12) years? ___ Yes ___ No

If yes, please explain: _____

(Conviction will not necessarily disqualify an applicant from employment)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education / Training

Elementary School: _____ Number of Years Completed: _____

High School: _____ Years Completed: _____

Diploma: _____

College: _____ Years Completed: _____ Degree: _____

Majors / Minors: _____

Other (specify): _____

| Indicate any foreign languages you can speak, read and/or write | | | |
|---|--------|------|------|
| | Fluent | Good | Fair |
| Speak | | | |
| Read | | | |
| Write | | | |

| Describe any specialized training, apprenticeship, skills and extra-curricular activities |
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| List Professional, Trade, Business or Civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other professional status:</i> |
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Employment Experience

Start with your present or last job. Include any job-related military service assignments or volunteer activities. (You may exclude organizations which indicate gender, race, religion, national origin, age, ancestry, disability or other protected status.)

| | | | | |
|---------------------|-------------|--------------------|----|----------------|
| Employer: | | Dates Employed | | Work Performed |
| | | From | To | |
| Address: | | | | |
| Telephone: | | Hourly Rate/Salary | | |
| Job Title: | Supervisor: | | | |
| Reason for Leaving: | | | | |
| Employer: | | Dates Employed | | Work Performed |
| | | From | To | |
| Address: | | | | |
| Telephone: | | Hourly Rate/Salary | | |
| Job Title: | Supervisor: | | | |
| Reason for Leaving: | | | | |
| Employer: | | Dates Employed | | Work Performed |
| | | From | To | |
| Address: | | | | |
| Telephone: | | Hourly Rate/Salary | | |
| Job Title: | Supervisor: | | | |
| Reason for Leaving: | | | | |

References

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Administrator or (his/her) designee.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Bondurant, Polk County, Iowa.

Signature of Applicant

Date

RELEASE

I hereby authorize the Iowa Department of Transportation to release my driving history record to the Office of the City Administrator of the City of Bondurant, Polk County, Iowa, for the purpose of an employment background check.

Signature

Name (Please Print)

Social Security Number

Driver's License Number

Copies of this form should be considered valid waivers.

APPLICATION FOR REASONABLE ACCOMMODATION

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your ability to do the job. However, if you want the City to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation which you believe would be appropriate.

Applicant's Signature

Date