

City of



128 W. Lincoln Street - P.O. Box 247 - Walcott, IA 52773

Phone: 563-284-6571 Fax: 563-284-6984

EMPLOYMENT APPLICATION

The City of Walcott is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation during the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections.

If under 18, please list age _____

Applicant's Full Name _____

Address _____

Telephone _____ Email address _____

Position applying for _____ Salary desired _____

Date you would be available for employment _____

List information from valid driver's license: State _____ Number _____

Have you ever applied to or worked for us before? _____ Dates _____

Do you have any relatives currently working for the City? _____ If yes, list name and relationship _____

Would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? _____

Have you ever been convicted of a felony or misdemeanor? _____ If yes, please describe the nature of the offense, when and where convicted, and disposition of the case _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.)

MILITARY SERVICE

Branch	Rank	Years of service	Skills/duties

EDUCATIONAL HISTORY

	Name/Location	Years Completed	Course of Study
High School			
College(s)			
Other			

EMPLOYMENT RECORD

Starting with the most recent, list your employment record for the **last ten years**. If more space is required, please continue on a separate sheet.

Company Name	Dates worked
Company Address	Telephone
Supervisor's name and title	Telephone
Title & job description	Salary

Reason for leaving

Company Name	Dates worked
Company Address	Telephone
Supervisor's name and title	Telephone
Title & job description	Salary
Reason for leaving	

Company Name	Dates worked
Company Address	Telephone
Supervisor's name and title	Telephone
Title & job description	Salary

Reason for leaving

May we contact your previous employers? _____ If no, please list the name of the employer and reason _____

If you answer "yes" to any of the following questions, you must provide detailed information on the space provided on the back page of this application.

Please circle your answers to the following questions:

Have you ever been disciplined or discharged for absenteeism, tardiness, or any other attendance related reasons? Y or N

Have you ever been disciplined or discharged for theft, unauthorized removal of company property, or related offenses? Y or N

Have you ever been disciplined or discharged for fighting, assault, or related offenses? Y or N

Have you ever been disciplined or discharged for being under the influence of alcohol or drugs, for their possession, use, or unwillingness to take or ability to pass a drug or alcohol test? Y or N

Have you ever quit employment after being told you would be fired or disciplinary action would be taken against you? Y or N

Have you ever been banned, voluntarily or involuntarily, from a gambling establishment of any kind, or ever been identified as a compulsive gambler? Y or N

APPLICANT'S STATEMENT

I certify that all of the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with the City of Walcott creates an actual or implied contract of employment. I understand that, if I accept employment with the City of Walcott, it will be on an at-will basis. This means that either the City of Walcott or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to pre-employment drug and alcohol testing, if requested by the City of Walcott. I release the City of Walcott, and its employees from any and all liability arising out of or related in any way to such testing.

I authorize the City of Walcott to investigate information concerning my education, employment experiences, criminal history, and all other aspects of my background relevant to my proposed employment. I release the City of Walcott and its employees from all liability arising from such investigation.

Signature of Applicant _____

Date _____

Please use this page for comments, details, or explanations either requested in this application or for information that you believe may be relevant to the City of Walcott's employment decisions regarding your application.

*Please return this application and any other accompanying documents to the City of
Walcott, 128 W. Lincoln Street, P.O. Box 247, Walcott, IA 52773*