

City of Avoca  
**Application for Employment**

Return to: City Clerks Office  
201 N Elm St., Avoca, IA 51521

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.*

**PLEASE PRINT OR TYPE**

Position applying for \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Last First MI

Work Phone \_\_\_\_\_

City State Zip

May we contact you at work?  Yes  No

What is the best time to call:

At work: \_\_\_\_\_ At home: \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you ever been employed by the City of Avoca before?  Yes  No If Yes, give date: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full-time  Part-time  Seasonal  Temporary

Are you available to work nights?  Yes  No Weekends?  Yes  No If no please explain: \_\_\_\_\_

Are there any times during the day or evening you are not available to work? If yes, specify: \_\_\_\_\_

Can you travel if a job requires it?  Yes  No

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying?  Yes  No If yes, please explain: \_\_\_\_\_

List any other last name in which your educational or employment records are filed: \_\_\_\_\_

Have you ever been convicted of a criminal act?  Yes  No  
(A criminal conviction is a bar to employment **only** if it is related to the job for which applied.)

If yes, please explain: \_\_\_\_\_

Location (City and State) of Conviction: \_\_\_\_\_

List below any relatives, including those by marriage or adoption, currently employed by the City			
Name of Relative	Relationship	Department	Position

Driver's License# \_\_\_\_\_ License issued by State of \_\_\_\_\_

What type of license do you have? Commercial (CDL) Class:  A  B  C Endorsement \_\_\_\_\_  
 Operators Class:  A  B  C

Have you been convicted of DUI or DWI within the past 3 years?  Yes  No  
 Is your license presently restricted, suspended or revoked?  Yes  No  
 If yes, give the reason \_\_\_\_\_

The date it began \_\_\_\_\_ and the date ended (or will end) \_\_\_\_\_

**EDUCATION**

Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 13 14 15 16 17 18 19 20

Other: number of years \_\_\_\_\_ Do you have a high school diploma or equivalency?  Yes  No

School: \_\_\_\_\_

List all schools attended beyond high school and their location	Credits completed	Type of degree earned	Course of study

List any school course or vocational training, licenses, certifications, or other qualifications which bear on your suitability for this position. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Give the name, address and phone number of three references who are not related to you and are not previous employers

Name	Address	Phone#

**EMPLOYMENT HISTORY**

Please complete this section even if you attach a resume. List your work experience, including military and/or volunteer.

Employer	Immediate Supervisor and Title	May we contact for reference?
Address		Phone
Job Title: _____	From: Mo__ Yr____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time To: Mo__ Yr____ If part-time, # of hrs/wk _____	Ending salary/hourly rate
Description of job duties:		
Reason for leaving:		

## EMPLOYMENT HISTORY (Continued)

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Address		Phone
Job Title: _____	From: Mo__ Yr____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time To: Mo__ Yr____ If part-time, # of hrs/wk _____	Ending salary/hourly rate
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I Certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or if hired, termination. I Authorize any of the persons, organizations, and educational institutions referenced in this application to give officials of the City of Avoca any and all information concerning my previous employment, education, motor vehicle record, or any other information they might have personal or otherwise, with regard to any of the subjects covered by this applications, and I release all such parties from liability from any damages which may result from furnishing such information to the City of Avoca.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR PERSONNEL DEPT. USE ONLY

Application:	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> REJECTED
Reason for rejection:	<input type="checkbox"/> EXPERIENCE	<input type="checkbox"/> LATE APPLICATION
	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> INCOMPLETE APPLICATION
	<input type="checkbox"/> REQ. DRIVER'S LICENSE	<input type="checkbox"/> PROMOTIONAL EXAM ONLY
	<input type="checkbox"/> OTHER (specify)	<input type="checkbox"/> SPECIAL LICENSE OR CERTIFICATE
Reviewer's comments:		
Job Title: _____ Hourly Rate/Salary _____ Department _____		
Reviewer's initials: _____ Date Reviewed: _____		