

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 _____

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)

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:		
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Reason for leaving:		

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