**CITY OF ELLSWORTH**

1528 DEWITT STREET ELLSWORTH, IA. 50075

PH. 515-836-4751 CITYOFELLS@NETINS.NET

 **EMPLOYMENT APPLICATION**

 **The City of Ellsworth 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.

|  |
| --- |
| **APPLICANT INFORMATION** |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date Available |  | Social Security No. |  |  |  |
| Position Applied for |  |
| Do you have a valid driver’s license? | YES | NO | Have you ever been convicted of a crime? | YES | NO |
| Have you ever been placed on probation? | YES | NO | If yes, when? |  |
| Have you ever been convicted of a felony? | YES | NO | If yes, explain |  |
|  |
| **EDUCATION** |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES | NO | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES | NO | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES | NO | Degree |  |
|  |
| **REFERENCES** |
| *Please list three professional references.* |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |

|  |
| --- |
| **PREVIOUS EMPLOYMENT** |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES | NO |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES | NO |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |
| **MILITARY SERVICE** |
| Branch |  | From |  | To |  |
| Rank at Discharge |  | Type of Discharge |  |
| If other than honorable, explain |  |
|  |
| **DISCLAIMER AND SIGNATURE** |
| I hereby certify that all statements in this application and accompanying materials are true and I agree and understand that any misrepresentation or deliberate omission of a material fact may be justified for termination or refusal of employment. I authorize the City of Ellsworth to release information as necessary to verify statements made in this application and/or accompanying materials. I also authorize the employers, schools, or persons named above to give any additional information regarding my qualifications and character. If offered the position, I further agree to submit to a job-related medical and psychological exam (which will be treated as confidential) by an authorized physician and/or fingerprinting as a condition of employment. I further agree to furnish proof of either citizenship or legal right to work in the US |
| Signature |  | Date |  |