CITY OF DENISON

Application For Employment

This is a fillable form. Please type the information to fit the spaces.

"City of Denison is an Equal Opportunity Employer"

Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on the application is intended to secure information to be used for such discrimination.

GENERAL INFORMATION

Date: _____

Position(s) Applied For: _____

Name: _____

Address: _____

Home Telephone: _____

Cell Phone: _____

E-mail Address: _____

Have you ever filed an application at the City of Denison before? ☐ Yes ☐ No

If yes, give the date

Have you ever been employed at the City of Denison previously? ☐ Yes ☐ No

If yes, give date & department _____

Are you currently employed? ☐ Yes ☐ No

In compliance with federal law, all persons hired will be required to verify identity and el to work in the United States and to complete the required employment eligibility verification document form upon hire. Applicants are subject to background checks.

Employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary

When are you available for work? _____

Can you travel if the job requires it? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain:

_____

VETERANS PREFERENCE

Chapter 35C, Code of Iowa, provides certain rights, including preference in hiring if equally qualified, to certain veterans of the U.S. Military Service. Qualifications for these rights is defined by statue.

Are you a veteran of the United States military service? ☐ Yes ☐ No

Are you a member of the Reserves or Nation Guard? ☐ Yes ☐ No

Branch Of Service and dates of Active Duty: _____

Any person who may wish to claim a Veterans Preference must submit a copy of a certified form of DD214 by the deadline set for the receipt of applications for the position of which the person is applying.

Type of School	Name of School	Location	# Of Years	Major or Degree	Check If Graduated
High School					☐
College					☐
Graduate School					☐
Bus. Or Trade School					☐
Professional School					☐

DRIVER'S LICENSE (Only for positions which require driving or travel is required for the position)

Do you have a driver's license? ☐ Yes ☐ No
Driver's License # _____ State Issued _____ Expiration Date: _____
Do you have a Commercial Drivers License (CDL)? ☐ Yes ☐ No If yes, type: _____
CDL Endorsements: _____
Have you had any accidents during the past three (3) years? ☐ Yes ☐ No
If yes, How many? _____
Have you had any moving violations during the past three (3) years? ☐ Yes ☐ No
If yes, How many? _____

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g. fluency in other languages, licenses, specialized training, apprenticeships, or job-related military training.

_____
_____
_____
_____
_____

Can you provide verification for the special skills? ☐ Yes ☐ No

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, nation origin, gender, age, sex, disability, sexual orientation, or veteran's status.

Employer:	
Address:	
Job Title:	**Supervisor:**
Dates of Employment: From: To:	**Rate of Pay:** Starting: Ending:
Work Performed: _____ _____ _____	
Reason for Leaving:	

Employer:	
Address:	
Job Title:	**Supervisor:**
Dates of Employment: From: To:	**Rate of Pay:** Starting: Ending:
Work Performed: _____ _____ _____	
Reason for Leaving:	

Employer:	
Address:	
Job Title:	**Supervisor:**
Dates of Employment: From: To:	**Rate of Pay:** Starting: Ending:
Work Performed: _____ _____ _____	
Reason for Leaving:	

REFERENCES:

Please list two (2) references other than relatives or previous employers.

Name: _____ Name: _____
Position: _____ Position: _____
Company: _____ Company: _____
Address: _____ Address: _____
_____ _____
Telephone: _____ Telephone: _____
_

Your application will remain confidential unless you agree to disclosure by signing below, **I agree to allow this application to be subject to disclosure**, check the box and sign next to it.

☐ _____ _____
Signature of applicant Date Signed

Check the box and sign below to give the City of Denison the authority to contact any previous employers.

☐ _____ _____
Signature of applicant Date Signed

WAIVERS AND DISCLOSURES

Please read each section carefully sign below and date

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand this written statement supersedes any and all oral representation made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statement, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

_____ _____
Signature of Applicant Date Signed

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 period should inquire as to whether or not applicants are being accepted at this time.

THANK YOU FOR APPLYING TO CITY OF DENISON