

CITY OF CARROLL _____

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

Date: _____

The City of Carroll is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, sexual orientation, gender identity, national origin, or disability.

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order to complete this application, please state the kind of accommodation which you believe is appropriate: _____

Please answer ALL questions. Print or write carefully. If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

Name: _____ Social Sec. No.: _____

Have you ever used another name to identify yourself: Yes No

If yes: _____

Street: _____ How long? _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Business Telephone: _____

E-mail Address: _____

How were you referred to us? Newspaper ad School On my own
 Current Employee Agency Other

Name of referral source? _____

Please note: This application form was designed for use by applicants for various positions -- clerical, professional, technical, administrative and manual. Answer the questions to the best of your ability. All information will be treated confidentially.

TYPE OF WORK DESIRED

Indicate the position for which you are applying: _____

Do you wish to work: Full time; Part time; Temporarily?

If part time, specify hours or days: _____

What is your minimum weekly salary requirement? _____

Date available for work _____

Do you have any commitments to another employer that might affect your employment with the City?

SKILLS

Typing _____ WPM; Transcribe machine dictation Yes No

Machines you can operate: _____

Licenses or Certificates: _____

Do you have a valid drivers license? Yes No Lic. No.: _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School Listing	No. of Years Completed	Degree, Major, or Type of Course
High School	_____		

College	_____		

Graduate School	_____		

Trade, Bus., Night, or Corres.	_____		

Other	_____		

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? Yes No

If yes, what branch? _____

Dates of duty: From: _____ To: _____ Rank at Separation _____

Briefly describe your duties _____

EMPLOYMENT HISTORY

List present employer or most recent employer first (use other side of this application, if necessary). Be sure to include an explanation of all gaps in time of employment. May we contact these employers? Yes No

Employer		Employed	Supervisor's Name		
Address			From ____ Mo./Yr.	Your Job Title	
Telephone			To ____ Mo./Yr.		
Your Salary		Duties:			
Start	End				

Reason for Leaving

Employer		Employed	Supervisor's Name		
Address			From ____ Mo./Yr.	Your Job Title	
Telephone			To ____ Mo./Yr.		
Your Salary		Duties:			
Start	End				

Reason for Leaving

Employer		Employed	Supervisor's Name		
Address			From ____ Mo./Yr.	Your Job Title	
Telephone			To ____ Mo./Yr.		
Your Salary		Duties:			
Start	End				

Reason for Leaving

Employer	Employed From ____ Mo./Yr. To ____ Mo./Yr.	Supervisor's Name
Address		Your Job Title
Telephone		
Your Salary		Duties:
Start	End	
Reason for Leaving		

GENERAL INFORMATION

Are you legally authorized to work in the United States? Yes No

Are you below the age of 18? Yes No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No If yes, explain

Have you ever been convicted of a felony? _____ Date _____ Place _____
Nature _____

Have you ever been convicted of a serious misdemeanor? _____ Date _____
Place _____ Nature _____

Note: The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgement or adjudication, and an adjudication of guilt or delinquency as a minor.

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment. In making our decision, we will consider the number, nature, seriousness, recency of the convictions, and the relationship of those convictions to the position for which you have applied.)

Have you ever had your driver's license suspended or revoked? Yes No

Have you previously applied for employment by this City? Yes No If yes, when and under what name? _____

All applicants for employment are required to submit to a drug and alcohol test after a conditional offer of employment has been made. The results of the drug and alcohol tests will be provided to the Employer. If you are currently using illegal drugs or controlled substances, you are not eligible for employment. If you use illegal drugs or controlled substances after you have been employed, you will be subject to disciplinary action or dismissal. This policy does not apply to the use of medications which have been prescribed for an individual by a licensed medical practitioner and which are used strictly in accordance with the prescription.

AGREEMENT (Please read the following statements carefully before signing)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the City or myself. I understand that no administrative official of the City has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), law enforcement or other criminal agencies, and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date

Please fill out and send to gmagill@ci.carroll.ia.us