

# Application For Employment



Today's Date \_\_\_\_\_

INSTRUCTIONS: Answer each question clearly and completely. **PLEASE PRINT**

Position(s) Applied for: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-in  
 Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Number Street City State Zip  
Telephone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone or other alternate phone number ( ) \_\_\_\_\_

How long have you resided at the above address? \_\_\_\_\_

Do you live within the Marshalltown city limits?  Yes  No

If you do not live within the Marshalltown city limits, do you live within an area encompassed by a radius of nine (9) miles of the city limits?  Yes  No

Have you reached your 18<sup>th</sup> birthday?  Yes  No

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

Have you filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Are you a former City of Marshalltown employee?  Yes  No

If Yes, give date and position \_\_\_\_\_

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

On what date would you be able to start work? \_\_\_\_\_

Are you available to work  Full Time  Part-time  Temporary

List all friends or relatives who are now employed by the Marshalltown Water Works.

Name	Relationship

**EDUCATION AND TRAINING**

	Name of School	Address	Highest Year Completed	Did you graduate?	Degree/Course of Study
High School					
College					
Technical					
Other					

Describe Specialized Training, Apprenticeships, Skills, Honors Received and Extra Curricular Activities


Have you ever pled guilty to or been convicted of a crime other than minor traffic violations?

Yes     No    If yes, explain the nature of the crime


Are you a current tobacco user?     Yes     No

Do you have a valid driver's license?     Yes     No    Chauffeurs license or CDL?     Yes     No

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

Name	Address	Telephone	Occupation	Relationship

**Employment Experience** – Start with your present or last job. Include military service assignments

**1.**

Employer		Telephone	(    )	Date Began Employment	
				Month	Day Year
Address		City	State	Zip	Date Left Employment
					Month Day Year
Job Title:		Supervisor and Title			Most recent earnings
Job Duties					
Reason for Leaving			May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**2.**

Employer		Telephone	(    )	Date Began Employment	
				Month	Day Year
Address		City	State	Zip	Date Left Employment
					Month Day Year
Job Title:		Supervisor and Title			Most recent earnings
Job Duties					
Reason for Leaving			May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**3.**

Employer		Telephone	(    )	Date Began Employment Month Day Year	
Address		City		State	Zip
Date Left Employment Month Day Year		Date Left Employment Month Day Year		Date Left Employment Month Day Year	
Job Title:		Supervisor and Title		Most recent earnings	
Job Duties					
Reason for Leaving		May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4.**

Employer		Telephone	(    )	Date Began Employment Month Day Year	
Address		City		State	Zip
Date Left Employment Month Day Year		Date Left Employment Month Day Year		Date Left Employment Month Day Year	
Job Title:		Supervisor and Title		Most recent earnings	
Job Duties					
Reason for Leaving		May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

*If you need additional space, please continue on a separate sheet of paper.*

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience.


I hereby authorize the release of my driving record to the Marshalltown Water Works.

I fully understand that any employment with the Marshalltown Water Works is predicated upon the truthfulness of the statements contained in this Application. I also understand that any false statements made in connection with this Application will result in the revocation of this Application or my dismissal from employment. The Marshalltown Water Works has my authorization to investigate any and all statements contained in this Application with no liability arising to any party as a result of such investigation. I authorize all former employers and law enforcement authorities to release any information concerning my background and hereby release any such individuals or entities from any liability for any damage arising out of the issuance of this information. I further agree, if hired, to abide by all working Rules and Regulations of the Marshalltown Water Works.

Dated \_\_\_\_\_

Signature \_\_\_\_\_