

Application For Employment

City of New London
112 W Main St
PO Box 184
New London, IA 52645

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____ Social Security Number: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date: _____

Have you ever been employed with us before? Yes No

If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write:

Speak: _____ Read: _____ Write: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications

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

Computer Skills:

Please list all equipment and software skills:

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

References

1, _____
(Name) Phone #

(Address)

2, _____
(Name) Phone #

(Address)

3, _____
(Name) Phone #

(Address)

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates From	Employed To	Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title Supervisor			
Reason for Leaving				
2.	Employer	Dates From	Employed To	Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title Supervisor			
Reason for Leaving				
3.	Employer	Dates From	Employed To	Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title Supervisor			
Reason for Leaving				
4.	Employer	Dates From	Employed To	Work Performed
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title Supervisor			
Reason for Leaving				

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

List professional, trade, business or civil activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 time prior should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Hourly Rate/
Job Title _____ Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

