

# APPLICATION FOR EMPLOYMENT CITY OF FORT MADISON

The City of Fort Madison is an Equal Opportunity Employer

## ***PERSONAL***

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Full Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Current Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a military veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list dates of active duty \_\_\_\_\_ to \_\_\_\_\_

Have you previously worked for the City of Fort Madison? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Position Applied for \_\_\_\_\_ Start Date \_\_\_\_\_ Desired Pay \$ \_\_\_\_\_

Employment Desired Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_

## ***EDUCATION***

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Do you have a high school diploma or GED? Yes \_\_\_\_\_ No \_\_\_\_\_

<i>Schools</i>	<i>Name/Location</i>	<i>Years Completed</i>	<i>Degree</i>
High School			
College/University			
Trade School			
Other			

Area of concentration and/or degree(s), certificates, licenses, endorsements \_\_\_\_\_

Other training or skills (Machines Operated, Special Courses, Computer Skills, etc.) \_\_\_\_\_

**EMPLOYMENT HISTORY**

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Former Employment (List employers, starting with the current or most recent. Explain all gaps in employment.)

Company Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Detailed Job Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Detailed Job Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Company Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Detailed Job Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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May we contact your former employers to verify this information? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list references

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Please provide any additional information that makes you a good candidate for this position \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*I authorize investigation of all statements contained in this application and I understand that omission or misrepresentation of facts is cause for dismissal. My signature below indicates permission for the City of Fort Madison to conduct a background check and obtain and discuss my motor vehicle record with the City's insurance provider.*

Signature \_\_\_\_\_ Date \_\_\_\_\_