

APPLICATION FOR EMPLOYMENT  
CITY OF SHELDON, IOWA

**Please Print or Type**

Position applied for: \_\_\_\_\_ Date of application \_\_\_\_\_

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

Are you known by any other name/s or nicknames? If yes, what? \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_ ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If necessary, the best time to call you is \_\_\_\_\_ May we contact you at work  Yes  No

If yes, the best time to call you and number is \_\_\_\_\_ ( ) \_\_\_\_\_

Have you ever filed an application here before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been employed by the City of Sheldon before?  Yes  No If yes, when? \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, list your alien status \_\_\_\_\_

If hired, when would you be available to start work? \_\_\_\_\_

Employment desired:  Full-time  Part-time  Temporary  Seasonal  Intern

Are you on lay-off or subject to recall? .....  Yes  No

Will you relocate, if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

Are you able to meet the requirements of the position? .....  Yes  No

Will you work overtime if it is required? .....  Yes  No

Will you work nights?  Yes  No Week-ends?  Yes  No Holidays  Yes  No

Have you ever been bonded?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, please explain \_\_\_\_\_

Is there any reason that you would not be insurable with the city's vehicle insurance carrier?  Yes  No

**THE CITY OF SHELDON IS AN EQUAL OPPORTUNITY EMPLOYER**

## Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent. Include military experience. Please explain any gaps in employment in comment section.

Employer	Telephone	Dates Employed	Salary Start/End	Summary of Job
Address				
Immediate Supervisor & Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
=====				
Employer	Telephone	Dates Employed	Salary Start/End	Summary of Job
Address				
Immediate Supervisor & Title				
Reason for Leaving				
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Immediate Supervisor & Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

## Educational Background

List schools attended, starting with the most recent. List number of years completed. Indicate degree or diploma earned if any.

School	Years completed	Degree / Diploma	Class Rank	Major / Minor

List any foreign languages (s) you know and check the boxes that describe your skill level

Language	Speak Some	Speak Fluently	Read	Write	Translate

## References

List name & telephone number of at least three references who are not related to you and are not previous supervisors. Do not use minister, priest, clergy. Only current references should be listed that agree to be contacted in your behalf.

Name	Address	Telephone	Years Known

Professional, trade, business or civic associations and any offices held. Exclude any memberships that would reveal sex, race, religion, national origin, age, color, disability or other protected status.

Organization	Office Held

List any special learning skills, accomplishments, publications, awards that you believe are relevant to the position you are applying for.

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Any additional information that you would like us to consider? \_\_\_\_\_

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Comments: \_\_\_\_\_

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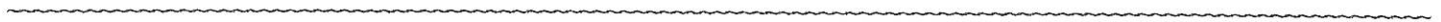
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Referral Source?  Newspaper  Radio  Employee  Relative  Employment Agency  Walk-in

Name of Source (if applicable)? \_\_\_\_\_

Are you related to any current employee of the city?  Yes  No If yes, who? \_\_\_\_\_



It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed.

I give the City of Sheldon the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The City of Sheldon is an Equal Opportunity Employer. The City of Sheldon does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept on file for six (6) months. At the conclusion of this time, if I have not heard from the City of Sheldon; and still want to be actively considered for a position open with the City, I acknowledge that it will be necessary for me to fill out a new application.

I understand that just as I am free to resign at any time, the City of Sheldon reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Sheldon has any authority to make any assurances to the contrary.

I understand it is the policy of the City of Sheldon not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date