

City of Denison Application for Employment



PLEASE PRINT OR TYPE

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the City of Denison.

Position(s) applied for _____ Date of Application ____/____/____

General Information

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone (incl area code) _____ Cell Phone _____

Social Security Number _____ - _____ - _____ **(Note: If you are emailing this, please leave blank and call with your number.)**

Have you ever been employed here before? Yes No Dates Employed ____/____/____ to ____/____/____

If yes, please explain _____

Are you legally eligible for employment in this country? Yes No Date available to begin? ____/____/____

Type of employment desired: Full-time Part-time Temporary Seasonal Educational Co-Op

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

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driving license number if driving is essential job function _____ State _____

Educational Background

Include trade school, community college, 4-year university, and/or other education to be used in the desired position.

NAME AND LOCATION	# OF YEARS COMPLETED	YEAR OF GRADUATION	TYPE OF DEGREE (DEGREE / MAJOR/MINOR)	MAJOR COURSE OF STUDY
HIGH SCHOOL			N/A	N/A

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE (INCLUDING AREA CODE)
JOB TITLE		EMPLOYER ADDRESS (STREET ADDRESS + CITY/STATE/ZIP)	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		START \$	PER FINAL \$ PER

FROM	TO	EMPLOYER	TELEPHONE (INCLUDING AREA CODE)
JOB TITLE		EMPLOYER ADDRESS (STREET ADDRESS + CITY/STATE/ZIP)	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		START \$	PER FINAL \$ PER

FROM	TO	EMPLOYER	TELEPHONE (INCLUDING AREA CODE)
JOB TITLE		EMPLOYER ADDRESS (STREET ADDRESS + CITY/STATE/ZIP)	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		START \$	PER FINAL \$ PER

FROM	TO	EMPLOYER	TELEPHONE (INCLUDING AREA CODE)
JOB TITLE		EMPLOYER ADDRESS (STREET ADDRESS + CITY/STATE/ZIP)	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		START \$	PER FINAL \$ PER

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

References

NAME	POSITION	TELEPHONE (INCLUDE AREA CODE)	YEARS KNOWN

Veterans' Points

Upon request, veterans' points shall be applied to honorably discharged veterans as defined in Iowa Code Chapter 35C who are residents of Iowa. Former members of the reserve forces or Iowa National Guard who served at least 20 years after January 28, 1973 are eligible. Reserve force or Iowa National Guard veterans who were activated for federal duty, other than training, for a minimum of 90 days and were discharged under honorable conditions or retired under Title 10, United States Code are eligible. Veterans with a service-connected disability, a Purple Heart, or who are receiving disability compensation or pension through the U.S. Veterans Administration may also request veterans' points. Proof of disability from the Veterans Administration must be submitted and updated every two years. A copy of your certified DD214 must be submitted for proof of service.

Veterans Points: Do you want to be considered for veterans' points? Yes No

If yes, you must provide proof of service by submitting a photocopy of your DD-214 form.

Acknowledgement

I understand if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the City of Denison's service whenever it is discovered.

I give the City of Denison the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City of Denison and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

I understand it is the City of Denison's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

If I am hired, I understand that I may resign at any time, with or without cause and without prior notice, and the City of Denison reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the City of Denison other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

The City of Denison does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current only for 60 days. At the conclusion of this time, if I have not heard from the City of Denison and still wish to be considered for employment, it will be necessary to fill out a new application.

DO YOU WANT YOUR APPLICATION TO BE KEPT CONFIDENTIAL, UNLESS YOU ARE ONE OF THE FINALISTS? Yes No

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date ____/____/____

OFFICE USE ONLY

Supervisor Signature _____

Position Appointed _____

Hire Date _____

Starting Wage \$ _____ per _____