



APPLICATION FOR EMPLOYMENT

We consider all applicants for all positions without regard to race, religion, color, creed, sex, sexual orientation, gender identity, age, national origin, disability, pregnancy, genetic information, or any other characteristic protected by local, state, or federal law.

Position(s) Applied For	Date of Application
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How Did You Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other_____		
Last Name	First Name	Middle Name		
Address Number	Street	City	State	Zip Code
Telephone Number(s)		Social Security Number		

	YES	NO
If Minor, age?		
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you 18 or older?	<input type="checkbox"/>	<input type="checkbox"/>
Can you, after employment, submit verification of your legal right to work permanently in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a military veteran, please provide information regarding your military service:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before:	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
On what date would you be available for work?		
Are available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary		
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been convicted of a felony?

☐☐

If yes, please explain:

Education (to be completed by all Applicants)

	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other(Specify)				

Employment Experience

Start with your present or last job. Are you a resident of the State of Iowa who served in the United States military? If yes, please provide (1) your dates of service; (2) branches served for and what dates those branches were served for; (3) any and all wars or armed conflicts served in during your dates of service; (4) whether you were honorable discharged. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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

Be sure to include an explanation for all gaps in time of employment.

Additional Information

State any additional information you feel may be helpful to us in considering your application.
Summarize special job-related skills & qualifications from employment or other experience.

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

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ YES _____ NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

MOTOR VEHICLE DRIVING RECORD

Please list type of equipment for which you have driving experience (i.e. dump truck, backhoe, etc).

State any special course or training that will help you as a driver: _____

If you answer yes to any of the follow questions, you must provide details on back:

Have you ever had an automobile accident? _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has your motor vehicle license, permit, or privilege ever been suspended or revoked? _____

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol (DUI) or for driving while intoxicated (DWI)? _____

List all traffic conviction and guilty pleas, in the past 5 years, other than parking violations:

References

1. _____	(_____) _____
(Name)	Phone #
_____	(Address)
2. _____	(_____) _____
(Name)	Phone #
_____	(Address)
3. _____	(_____) _____
(Name)	Phone #
_____	(Address)

Applicant's Statement

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

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

I understand and acknowledge that, unless otherwise defined by law, any employment with The City of Tipton is of an "at will" nature, which means the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause. I further understand that this "at will" employment may not be changed by any written document or by conduct unless such change is specifically authorized in writing by the Tipton City Council. The Collective Bargaining Agreement does alter the Union employee's "at will" status. In the event of employment, I understand that false or misleading information given in this application or any interview may result in discharge.

I also understand that I am required to abide by all rules and regulations of the City of Tipton

Signature of Applicant

Date