# City of Wyoming Iowa

141 West Main St. ~ PO BOX 76
Wyoming, Iowa 52362
PHONE: (563) 488-2505 ~ FAX: (563) 488-3976

# APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer. The City of Wyoming considers all applicants for employment without regard to race, creed, color, religion, gender, national origin, age, disability, marital status, veteran status the presence of a non-job related medical condition or handicap according to federal law. In addition, the City of Wyoming complies with all applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. The City of Wyoming also provides reasonable accommodation to disabled individuals according to applicable laws.

Position Applied for: _____ Date: _____

Name:_____ Social Security No. _____
(optional)

Current Address: _____Apt. No. _____

City, State, ZIP Code: _____

Telephone: (_____) _____-_____

VETERAN'S PREFERENCE

Are you a U.S. Veteran? Yes No Are you a member of the reserves or national guard? Yes No
Those wishing to claim veteran's preference MUST SUBMIT PROOF OF SERVICE (DD 214) which includes dates of active duty.

Are you at least 16 years of age? Yes No Date you can start? _____

Have you ever been employed by the City of Wyoming? Yes No

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
(A yes answer does not automatically disqualify you from employment) If yes, please explain.
_____

Do you object to inquiry of your present employer in regard to your character, work record, qualifications or abilities? Yes No

Are you safely able to perform the essential functions of the job (as described in the attached position description, if provided) with or without reasonable accommodations. Yes No

Are you available to work Full-time or Part-time?

If part-time list days and hours _____

How did you learn about the position? _____

State the name of any relatives or friends working for the City of Wyoming?

_____

RECORD OF EDUCATION

| TYPE SCHOOL | NAME & ADDRESS | COUSE OF STUDY | YEARS COMPLETED | DID YOU GRADUATE? | DIPLOMA OR DEGREE |
|---|---|---|---|---|---|
| Elemen. School | | | | | |
| High School | | | | | |
| College | | | | | |
| Grad School | | | | | |
| Other | | | | | |

SKILLS: (that you believe are related to the job for which you are applying)

_____

_____

_____

Do you possess a valid Driver's License? Yes No

Do you possess a valid Commercial Driver's License? Yes No

Do you use a computer? Yes No

EMPLOYMENT EXPERIENCE

| | | |
|---|---|---|
| **Employer** | Dates Employed | Work Performed |
| Address | Hourly Rate | |
| Telephone Number | | |
| Job Title | Department | |
| Reason for Leaving | | |
| **Employer** | Dates Employed | Work Performed |
| Address | Hourly Rate | |
| Telephone Number | | |
| Job Title | Department | |
| Reason for Leaving | | |
| **Employer** | Dates Employed | Work Performed |
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| **Employer** | Dates Employed | Work Performed |
| Address | Hourly Rate | |
| Telephone Number | | |
| Job Title | Department | |
| Reason for Leaving | | |

Additional employment may be listed on separate sheet of paper.

I wish my name and application not to be public record at this time because it could be detrimental to my present employment.

List professional, trade, business or civic activities and offices held? *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

_____

_____

_____

APPLICANTS STATEMENT

I HEREBY CETIFY that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

FURTHERMORE: I authorize investigation and verification of all statements contained in this application.
I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by the Employer in its processing of this application.
I agree to provide, upon request of the Employer, written releases and waivers of confidentiality should any former employer or schools require such a release.
I understand that any withholding of information or misrepresentation on this application or on Employer medical forms could result in rejection for employment, or if employed, termination from the Employer.
If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by me or the City.

_____ _____
Signature of Applicant Date

REFERENCES

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____