CITY OF POLK CITY

Employment Application



PO Box 426 112 Third Street Polk City, IA 50226 support@polkcityia.gov

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Position Applying for:								
APPLICANT INFORMATION								
Last Name		First		M.I.	Date			
Street Address			Apartment/L	Apartment/Unit #				
City	State		ZIP	ZIP				
Phone	E-mail Address	E-mail Address						
Social Security No.	s License No.		Driver's License St	er's License State Issued				
Are you a citizen of the United States?	NO If no,	are you authorized f	to work in the U.S.?	YES NO				
Have you ever been convicted of a misdeme felony?	anor or YES	NO						
If yes, explain								
EDUCATION								
High School		Address						
	you graduate?	YES NO	Degree					
College		Address						
From To Did	you graduate?	YES NO	Degree					
Other/Professional		Address						
From To Did	you graduate?	YES NO	Degree					
List any skills, specialized training, apprentice	eship, and applic	able extra-curricula	ir activities:					
List special job related skills or qualifications, and professional license or certificates:								
List any additional information you feel may	be helpful when	considering your a	pplication:					
PREVIOUS EMPLOYMENT								
Company			Phone					
Address		Supervisor						
Job Title		Starting Salary	\$	Ending Salary	\$			
Responsibilities			т 		Ŧ			
	Reason for Leavi	na						
May we contact your previous supervisor for		YES	NO					
Company	Phone ()						
Address		Supervisor						
Job Title	Starting Salary	\$	Ending Salary	\$				
Responsibilities								

May we contact	t your previous supervisor	for a reference?	YES	NO				
Company			Phone ()					
Address				Supervisor				
Job Title	Job Title		Starting Salary	\$		Ending Salary	\$	
Responsibilities			1					
From	То	Reason for Leavir	ıg					
May we contact	t your previous supervisor	for a reference?	YES	NO				
MILITARY S	ERVICE							
Have you ever	Have you ever served in the U.S. Military?				Yes	No		
Branch	Branch				From To			
Rank at Discharge				Type of Discharge				
Special Honors:								
Position Inf	ormation							
What hours are	e you willing to work?		Would you be	able to work we	eekends?	YES	No	
When would yo	would you be able to start? Are you will			Iling to travel if needed? YES No				
Special Skills: (Computer, Languages, otl	ner)	1		Desired	Salary?		
REFERENCE	S							
	ee professional referen	ices.						
Full Name				Relationship				
Address			Phone ()				
Full Name				Relationship				
Address				Phone ()				
Full Name				Relationship				
Address				Phone ()			
	R AND SIGNATURE							
-	nswers given herein are tr subject to investigation a		he best of my kno	wledge. I ackn	nowledge t	hat all statements	submitted on this	
	wledge that, if hired, my on hibited by State or Federa		ll", which means t	hat either the C	City or I ca	n terminate my en	nployment for any	
Signature						Date		
without regard disability, marit	of the City of Polk City to to race, color, religion, po al status, except as bona s including, but not limited employment.	litical affiliation, cree fide occupational qua	d, sex, sexual orie alifications may re	entation, nation quire otherwise	al origin o . This poli	r ancestry, age, mo icy applies to all hu	ental or physical Iman resources actions	

Individuals in need of special accommodations are asked to notify our office in advance.