

CITY OF POLK CITY

Employment Application



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

Position Applying for:

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Social Security No.		Driver's License No.		Driver's License State Issued	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been convicted of a misdemeanor or felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other/Professional		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
List any skills, specialized training, apprenticeship, and applicable extra-curricular activities:					
List special job related skills or qualifications, and professional licenses or certificates:					
List any additional information you feel may be helpful when considering your application:					

PREVIOUS EMPLOYMENT

Company		Phone			
Address		Supervisor			
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Company		Phone ()			
Address		Supervisor			
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Have you ever served in the U.S. Military?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Branch	From	To
Rank at Discharge	Type of Discharge	
Special Honors:		

Position Information

What hours are you willing to work?	Would you be able to work weekends?	YES <input type="checkbox"/>	No <input type="checkbox"/>
When would you be able to start?	Are you willing to travel if needed?	YES <input type="checkbox"/>	No <input type="checkbox"/>
Special Skills: (Computer, Languages, other)	Desired Salary?		

REFERENCES

Please list three professional references.

Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()
Full Name	Relationship
Address	Phone ()

DISCLAIMER AND SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge. I acknowledge that all statements submitted on this application are subject to investigation and verification.

I hereby acknowledge that, if hired, my employment is "at will", which means that either the City or I can terminate my employment for any reason not prohibited by State or Federal Law.

Signature _____ Date _____

It is the policy of the City of Polk City to provide equal treatment to all City employees and applicants for the City of Polk City employment without regard to race, color, religion, political affiliation, creed, sex, sexual orientation, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all human resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

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