

# City of Springville

304 BROADWAY PO BOX 347

SPRINGVILLE, IOWA 52336

PHONE: (319) 854 - 6428

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## APPLICATION FOR EMPLOYMENT

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Springville considers all applicants for employment without regard to race, color, religion, gender, national origin, age, disability, marital status according to federal law. In addition, the City of Springville complies with all applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. The City of Springville also provides reasonable accommodation to disabled individuals according to applicable laws.

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Referred by: \_\_\_\_\_

Are you over age 18? Yes No If not, can you provide proof of your eligibility to work? Yes No

Do you want to work Full-time Part-time? If part-time, list days and hours available:  
\_\_\_\_\_

Are you willing to work overtime as needed? Yes No

Date you can start: \_\_\_\_\_ Salary or Wage required: \_\_\_\_\_

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

If yes, when \_\_\_\_\_ Position: \_\_\_\_\_

Is there anything that would prevent you from performing the essential activities of the position for which you have applied in a safe and reasonable manner? (See Job Description before answering)

Yes No

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, state nature of offense, date, location and disposition:  
\_\_\_\_\_  
\_\_\_\_\_

Federal laws require that employers hire only individuals authorized to work in the United States. In compliance with such laws, the City of Springville will verify the status of every individual offered employment with the City. All offers of employment will be subject to verification of the applicant's identity and employment authorization. It will be necessary for you to submit such documents as required by law to verify your identity and employment authorization.

Do you have the legal right to remain and work in the U.S.? Yes No

State the name of any relative working for the City of Springville:

**RECORD OF EDUCATION**

Type of School	Name & Address of School	Course of Study	Years Completed	Did you Graduate ?	Diploma or Degree Rec'd
Elem. School					
High School					
College					
Grad. School					
Other Specify					

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

Shorthand or speed writing: \_\_\_\_\_ WPM    Typing: \_\_\_\_\_ WPM  
 Computer hardware and software familiarity: \_\_\_\_\_

Other equipment operated (office, mechanical, precision, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any other experiences, skills, or abilities that you feel especially qualify you to work for the City of Springville?

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### PRIOR WORK HISTORY

List in order with current or most recent employer first. Account for your entire employment history and for any gaps in your employment. If you need more room to complete your work history, use additional sheets of paper.

Dates From-To	Name, Address, Phone Number of Employer	Rate of Pay Start/Finish	Supervisor's Name/Title	Reason for Leaving

Describe in detail the work you performed:

If you are currently employed, may we contact your current employer? Yes No

Dates From-To	Name, Address, Phone Number of Employer	Rate of Pay Start/Finish	Supervisor's Name/Title	Reason for Leaving

Describe in detail the work you performed:

Dates From-To	Name, Address, Phone Number of Employer	Rate of Pay Start/Finish	Supervisor's Name/Title	Reason for Leaving

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Describe in detail the work you performed:

Dates From-To	Name, Address, Phone Number of Employer	Rate of Pay Start/Finish	Supervisor's Name/Title	Reason for Leaving

Describe in detail the work you performed:

**MILITARY SERVICE RECORD:**

Have you ever served in the U.S. Armed Forces? Yes No

Will you supply a copy of your DD-214 report? Yes No

List your duties in the Service, including special training received, which are related to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES:**

(excluding relatives)

Name & Job	Dates Known	Address	Phone

**PRE-EMPLOYMENT STATEMENT**

(Please read very carefully before signing below)

I understand and voluntarily agree that:

The information provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any material fact in my application, resume or other materials, or during any interviews, can be justification for refusal of employment, or termination, if employed.

Any offer of employment I may receive from the City of Springville is contingent upon my successful completion of the pre-employment screening process, including receiving references that the City considers satisfactory. I understand that as a condition of continued employment, I may be required to submit to an alcohol or drug screening at any time at the discretion of the City of Springville.

I give my permission for the City to verify all information provided by me, and/or to obtain or have prepared an investigative consumer report for this purpose. This report may include, but not be limited to, my prior employment and/or military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request to the City, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record. This information may include the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. I release them from all liability for damages arising from furnishing the requested information.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the City. I understand that my employment can be terminated by the City or me with or without cause or notice, at any time. I further understand that no one, other than the City Council as a body, has any authority to enter into an agreement with me for employment for any specified time or to make an agreement different from or contrary to any City policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the City Council.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_