

EMPLOYMENT HISTORY

Former Employment - List employers, starting with the current or most recent.

Explain all gaps in times of employment.

Company Name: _____ Job Title: _____

Address: _____ City _____ State _____

Start Date: _____ End Date: _____ Wages: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____ City _____ State _____

Start Date: _____ End Date: _____ Wages: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____ City _____ State _____

Start Date: _____ End Date: _____ Wages: _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact your former employers to verify this information? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

EDUCATION

Do you have a High School Diploma or GED? Yes _____ No _____

Name of last school attended & Year: _____

City _____ State _____

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PhD Other _____

List any degree(s), certificates, licenses, endorsements: _____

List any training skills/management: Seasonal Pool personnel list WSI/CPR/First Aide Training with Dates Certified and expiration dates. (Special skills which may apply to the position you are applying for):

REFERENCES: List the names of three (3) persons not related to you, whom you have known at least one year.

Name, Address & Phone Number:

1. _____

2. _____

3. _____

Please provide Name and Address and Phone contact information for us to contact IN CASE OF EMERGENCY:

Name _____ Phone _____

Address _____

Please provide any additional information about your abilities or interests which makes you a good candidate for this position:

Veterans Preference: Special Notice – Voluntary Information

Iowa Code Chapter 35C requires public employers to inquire whether applicants served in the military or naval forces during wars or armed conflicts. If an applicant meets certain eligibility criteria, they may be entitled to a preference in employment. Please indicate below whether you wish the City of Mapleton to determine whether you are qualified for this preference. A copy of your DD214, if applicable, proof of disability, must be included with your application to receive Veterans Preference.

_____ No, I do not want the City to determine if I qualify for Veterans Preference.

_____ Yes, I want the City to determine if I qualify for Veterans Preference.

Dates of Service _____ to _____

Have you ever been known by any other name(s) that we will require to verify any of the information you provide on this application? _____ Yes _____ No

If Yes, please provide.

"I certify that all statements made in this application and the attachments (if applicable) are true and complete to the best of my knowledge. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Mapleton is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I understand that any false statements or omission of material facts may subject me to disqualification or dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you."

Signature: _____ Date Signed: _____

Printed Name: _____