

# Application for Employment

City Website: <http://www.cityofhawarden.com>  
Email: [mayor@cityofhawarden.com](mailto:mayor@cityofhawarden.com)



1150 Central Avenue  
Hawarden, IA 51023

(712) 551-2565 Fax (712) 551-1117

## CITY OF HAWARDEN, IA

An Equal Opportunity Employer

Pre-employment drug screening is conducted for all positions within the City of Hawarden.

POSITION APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PRIMARY TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ ALTERNATE TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

REFERRAL SOURCE \_\_\_\_\_

May we contact you at work? YES  NO

If YES, TELEPHONE NUMBER \_\_\_\_\_

Are you over the age of 18? YES  NO

Have you ever been employed by the City of Hawarden? YES  NO  If yes, give dates \_\_\_\_\_

I understand, if hired, I will be required to provide proof of eligibility to work in the United States YES  NO

Have you ever been convicted of any law violation other than a minor traffic violation? YES  NO

*("YES" answer does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying will also be considered.)*

If yes, give details: \_\_\_\_\_

Are you related to anyone working for the City of Hawarden? YES NO If Yes, list name \_\_\_\_\_

Do you have a valid license? YES  NO  Driver's License # \_\_\_\_\_ CDL? \_\_\_\_\_ STATE? \_\_\_\_\_

Have you ever been dismissed or asked to resign from any position? YES NO

If yes, please explain .....

### Veteran's Preference

Are you an U.S. Veteran? YES NO

Those wishing to claim Veteran's preference must submit Proof of Service (DD 214)

### Iowa Open Records

The City is subject to the Iowa Open Records Law. Do you desire that your Application be kept confidential to the extent permitted by law? YES NO

### Professional

List three (non-related) persons who can objectively assess your professional or scholastic performance.

NAME	TELEPHONE	YEARS KNOWN

# Employment History

List your employment history starting with the most recent employer. List all positions held, including military experience, part-time, summer and/or volunteer work and periods of unemployment. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED		Summarize your job responsibilities
		FROM	TO	
ADDRESS				
JOB TITLE		SALARY		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/>	
REASON FOR LEAVING		MAY WE CONTACT?		
EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED		Summarize your job responsibilities
		FROM	TO	
ADDRESS				
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		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/>	
REASON FOR LEAVING		MAY WE CONTACT?		

*Additional job history can be attached.*

**EXPLAIN GAPS IN EMPLOYMENT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Educational Record

SCHOOL NAME AND LOCATION	Elementary School	High School	Undergraduate College/Univ.	Graduate
Years Complete:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications you would like us to consider including certifications and licenses. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

In applying for employment I want the City to be fully informed of my previous record and I hereby authorize the City to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, schools, companies, law enforcement agencies and other organizations or employers from any liability on account of furnishing such information.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City retains a similar right except as otherwise provided by law or modified by contract I understand that if hired I may be required to take and pass a physical exam and/or drug test prior to starting work.

I understand that any withholding of information or misrepresentation on this application or on City medical forms could result in rejection for employment, or if employed, termination from the City.

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