

Application For Employment

MARSHALLTOWN WATER WORKS

205 EAST STATE ST • P.O. BOX 1420

MARSHALLTOWN, IOWA

50158

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

INSTRUCTIONS: Answer each question clearly and completely. PLEASE PRINT

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone () _____ Social Security Number _____

How long have you resided at the above address? _____

Have you reached your 18th birthday? Yes No

Are you a U.S. Citizen? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Are you a former City of Marshalltown employee? Yes No

If Yes, give date and position _____

Are you employed now? Yes No

May we contact your present employer? Yes No

On what date would you be able to start work? _____

Are you available to work Full Time Part-Time Temporary

List all friends or relatives who are now employed by the Water Works.
NAME RELATIONSHIP

Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

Have you been in military service? Yes No

If "yes" check type of discharge. Honorable Other _____

Highest rank attained? _____ Selective Service Classification _____

Member of Active Reserve or National Guard? Yes No

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Telephone	Occupation

Do you have a valid driver's license? _____ Chauffers license? _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
4	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

YOUR HEALTH IS: (check one)

	EXCELLENT	GOOD	FAIR	POOR
Sight	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Hearing	_____	_____	_____	_____
Lungs	_____	_____	_____	_____
Hands	_____	_____	_____	_____
Feet	_____	_____	_____	_____
Back	_____	_____	_____	_____
Nerves	_____	_____	_____	_____

Other: _____

Date of last physical _____ Date and Nature of last illness _____

Have you ever had an industrial accident or collected workmen's compensation?

Yes No If Yes, explain _____

In signing this application, I understand that my previous and present employers may be asked for information relative to my employment record with them. I hereby release from all liability or damage those individuals or corporations who provide information relating to my prior employment or character. I agree that any false statements made by me, or my failure to answer any application completely, will be sufficient cause for my release from employment. I further agree to abide by all working rules and regulations of the Marshalltown Water Works.

Signature _____

Date _____

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____ Phone (____) _____
LAST FIRST MIDDLE Area Code

Address _____
NUMBER STREET CITY STATE ZIP CODE

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one:

Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual