

Application For Employment



MARSHALLTOWN WATER WORKS IS AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Today's Date _____

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

Telephone () _____

Cell Phone or other alternative phone number () _____

How long have you resided at the above address? _____

Do you live within the Marshalltown city limits? Yes No

If you do not live within the Marshalltown city limits, do you live within an area encompassed by a radius of 20 miles of the city limits? Yes No **or** a radius of 9 miles of the city limits? Yes No

Have you reached your 18th birthday? Yes No

Have you served in the United States Military? Yes No

Date of active duty: From _____ To: _____ Type of Discharge: _____

To receive Veteran's preference, please submit a DD-214 with your application.

Are you legally eligible to work in the United States? 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 Marshalltown Water Works.

Name	Relationship

EDUCATION AND TRAINING

	Name of School	Address	Highest Year Completed	Did you graduate?	Degree/Course of Study
High School					
College					
Technical					
Other					

Describe Specialized Training, Apprenticeships, Skills, Honors Received and Extra Curricular Activities

Have you ever pled guilty to or been convicted of a crime other than minor traffic violations?

Yes No If yes, explain the nature of the crime

Are you a current tobacco user? Yes No

Do you have a valid driver's license? Yes No Chauffeurs license or CDL? Yes No

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

Name	Address	Telephone	Occupation	Relationship

Employment Experience – Start with your present or last job. Include military service assignments

1.

Employer		Telephone		Date Began Employment	
				Month	Day
Address		City	State	Zip	Date Left Employment
					Month Day Year
Job Title:		Supervisor and Title			Most recent earnings
Job Duties					
Reason for Leaving		May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2.

Employer		Telephone		Date Began Employment	
				Month	Day
Address		City	State	Zip	Date Left Employment
					Month Day Year
Job Title:		Supervisor and Title			Most recent earnings
Job Duties					
Reason for Leaving		May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

3.

Employer		Telephone		Date Began Employment	
				Month Day Year	
Address		City	State	Zip	Date Left Employment
					Month Day Year
Job Title:		Supervisor and Title			Most recent earnings
Job Duties					
Reason for Leaving		May we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4.

Employer		Telephone		Date Began Employment	
				Month Day Year	
Address		City	State	Zip	Date Left Employment
					Month Day Year
Job Title:		Supervisor and Title			Most recent earnings
Job Duties					
Reason for Leaving		May we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

I hereby authorize the release of my driving record to the Marshalltown Water Works.

I fully understand that any employment with the Marshalltown Water Works is predicated upon the truthfulness of the statements contained in this Application. I also understand that any false statements made in connection with this Application will result in the revocation of this Application or my dismissal from employment. The Marshalltown Water Works has my authorization to investigate any and all statements contained in this Application with no liability arising to any party as a result of such investigation. I authorize all former employers and law enforcement authorities to release any information concerning my background and hereby release any such individuals or entities from any liability for any damage arising out of the issuance of this information. I further agree, if hired, to abide by all working Rules and Regulations of the Marshalltown Water Works.

Dated _____

Signature _____