

City of Lake Mills Application For Employment

PLEASE PRINT OR TYPE

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the City of Lake Mills.

Position(s) applied for _____ Date of Application ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (____) _____ Cell Phone (____) _____

The City complies with all child labor regulations. Are you at least 16 years old? Yes No
 If you are between 16 and 18, and if it is required, can you furnish a work permit? Yes No

If no, please explain _____ Yes No

Have you ever been employed here before? _____ Yes No

Are you legally eligible for employment in this country? _____ Yes No

Date available to begin work _____ / ____ / ____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? _____ Yes No

Educational Background IF JOB-RELATED

NAME AND LOCATION	YEARS COMPLETED	Diploma or Degree Earned?	MAJOR COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE (____)
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ PER FINAL \$ PER	

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ PER FINAL \$ PER	
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REASON FOR LEAVING		HOURLY RATE / SALARY START \$ PER FINAL \$ PER	

Military Background If applicable

Provide information related to any service in the regular or reserve United States Armed Forces or the Iowa National Guard.

BRANCH OF SERVICE	PERIOD OF ACTIVE DUTY FROM TO
WAS YOUR DISCHARGE HONORABLE?	RANK AT DISCHARGE AND DATE

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES AND DESCRIBE ANY SPECIAL SKILLS OBTAINED

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the City of Lake Mills' service whenever it is discovered.

I give the City of Lake Mills the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City of Lake Mills and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

I understand it is the City of Lake Mills' policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that post offer pre-employment drug and alcohol testing will be required, and that a positive test result will terminate any job offer.

If I am hired, I understand that I may resign at any time, with or without cause and without prior notice, and the City of Lake Mills reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the City of Lake Mills, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

The City of Lake Mills does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the City of Lake Mills and still wish to be considered for employment, it will be necessary to fill out a new application.

I authorize the City to conduct a driving record check if driving will be required in my position with the City, and will complete a criminal check regarding my background and further authorize all governmental agencies, departments, bureaus or related entities to release any and all information regarding my driving record and criminal history, if any, and also agree to prepare and sign any other form necessary to complete a criminal background check. I understand that a conviction is not an automatic bar to employment, but that the City will consider the seriousness and nature of the crime, the date of the conviction, and the extent of any rehabilitation.

I understand the City has the option of conducting a credit check on me. If such a check will be performed the City will provide me with written notice to comply with the Fair Credit Reporting Act. I agree to execute the appropriate authorization if presented to me by the City.

I represent and warrant that I have read and fully understand the foregoing, and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

OFFICE USE ONLY

Signature of Director _____ Position Appointed _____
Hire Date _____ Starting Wage _____