

CITY OF GEORGE

Box 686, 120 S Main St

George, IA 51237

Phone 712-475-3612

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Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Degree: _____

College: _____ Degree: _____

Other: _____ Degree: _____

References

Please list three personal/professional references. Make sure your references are not relatives.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, and I may be terminated regardless of the date on which the Employer discovers the violation of it's policy regarding application form dishonesty.

In connection with my application for employment with the Employer, I expressly authorize the release to the Employer of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the Employer and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the Employer as part of my application for employment.

If I am offered and accept employment with the Employer, I understand that my employment is "At Will" and that my employment may be terminated at any time and for any reason either by me or the Employer.

Signature: _____ Date: _____

Driving Information
FOR MOTOR VEHICLE OPERATOR APPLICANTS ONLY

The following 3 questions must be answered in order to complete a check of your driving record:

Date of Birth: _____

Driver's License Information: State: _____ Number: _____

Driving Experience

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Dates</u>	<u>Approx Miles</u>
Straight Truck: _____	_____	_____	_____
Tractor & Semi: _____	_____	_____	_____
Tractor – 2 Trailers: _____	_____	_____	_____
Tractor- Flatbed: _____	_____	_____	_____

State any special course or training that will help you as a driver: _____

Have you ever received any safe driving awards?: _____ If "yes" from whom: _____

If you answer "yes" to any of the following questions, you must provide detail on back:

Have you ever had an automobile accident: _____

Have you ever been denied a license, permit, or privilege ever been suspended or revoked? _____

Has your motor vehicle license, permit, or privilege to operate a motor vehicle: _____

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol (DWI) or for driving while intoxicated (DWI)? _____

Accident Record

(List all accidents in the past _____ years whether chargeable or non-chargeable)

	<u>Date</u>	<u>Nature of Accident</u>	<u>Fatality</u>	<u>Injuries</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Traffic Conviction Record

(List all traffic convictions and guilty pleas, in past _____ years, other than parking violations)

	Date	City and State	Charge	Penalty	Vehicle
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____