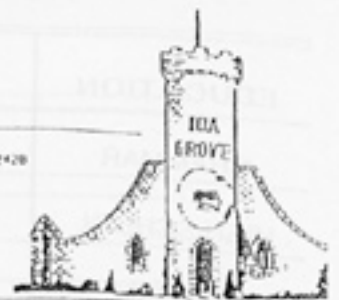


City of Ida Grove

403 Third Street
IDA GROVE, IOWA 51445

TELEPHONE (712) 264-2428



APPLICATION FOR EMPLOYMENT

Please print clearly.

DATE: _____

NAME

Last

First

Middle

PRESENT ADDRESS

Street

City

State

Zip

PERMANENT ADDRESS

Street

City

State

Zip

PHONE NUMBER () -

SOCIAL SECURITY NO.

IN CASE OF EMERGENCY, please notify:

NAME

Last

First

()

Phone Number

ADDRESS

Street

City

State

Zip

POSITION(S) APPLIED FOR: _____

DATE YOU CAN START WORK: ___/___/___

SALARY DESIRED \$ _____

REFERRAL SOURCE(S): Advertisement Employee Relative School Walk-In

Government Employment Agency

Other _____

Are you 18 years of age or older? Yes No

If hired, can you provide the documents required to prove that you are authorized to work in the United States?

Yes No

Are you employed now? Yes No If, yes, give dates: ___/___/___ To ___/___/___

May we contact you at work? Yes No

If yes, work number and best time to call: () _____

Time: _____

AM

PM

AM

PM

If necessary, best time to call you at home: _____

Have you ever applied to this company before? Yes No

If yes, give dates: ___/___/___ ___/___/___ ___/___/___ ___/___/___

Have you ever been employed here before? Yes No

If yes, give dates: From ___/___/___ To ___/___/___

SKILLS AND/OR ADDITIONAL COMMENTS: Describe any special training/skills (i.e. language, typing, machine operation) or any additional information that relates to your ability to perform the job for which you have applied (i.e. licenses, professional membership)

| EDUCATION | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--------------------------|---------------------------|----------------|-------------------|------------------|
| GRAMMAR | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TECH. TRAINING/ OTHER | | | | |

EMPLOYMENT HISTORY: List below last (3) employers, including military experience, starting with most recent.

| | | | |
|----------------------|----|--|--------------------|
| FROM | TO | EMPLOYER | TELEPHONE () - |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR | | SUMMARIZE NATURE OF WORK PERFORMED OR JOB RESPONSIBILITIES | |
| SUPERVISOR'S TITLE | | | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY START \$ PER | FINISH \$ PER |
| FROM | TO | EMPLOYER | TELEPHONE () - |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR | | SUMMARIZE NATURE OF WORK PERFORMED OR JOB RESPONSIBILITIES | |
| SUPERVISOR'S TITLE | | | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY START \$ PER | FINISH \$ PER |
| FROM | TO | EMPLOYER | TELEPHONE () - |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR | | SUMMARIZE NATURE OF WORK PERFORMED OR JOB RESPONSIBILITIES | |
| SUPERVISOR'S TITLE | | | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY START \$ PER | FINISH \$ PER |

REFERENCES: List name and phone number of three (3) business/work references who are NOT previous supervisors. If not applicable, list (3) school or personal references (not related to you) whom you have known at least one (1) year.

| YEARS KNOWN | NAME | NAME OF BUSINESS | CITY/STATE | TELEPHONE |
|-------------|------|------------------|------------|-----------|
| | | | | () - |
| | | | | () - |
| | | | | () - |

U.S. Military or Naval Service

Rank

Present Membership in National Guard or Reserves

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure any additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Yes NO Signature of Applicant _____

Date _____

City of Grove is an Equal Opportunity Employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application will be kept on file for a one (1)-year period and will be reviewed upon job openings. All applications will be examined monthly and any "expired" forms will be removed and destroyed. At the conclusion of this time, if the applicant still wishes to be considered for employment, it will be necessary to fill out a new application. If an applicant updates his/her application, the one (1) year clock will be restarted.

INTERVIEWED BY: _____ DATE: _____

HIRED: Yes No POSITION: _____

DEPARTMENT: _____

SALARY/WAGE: \$ _____ DATE REPORTING TO WORK: _____

ADDITIONAL COMMENTS: _____
