

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex. Religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFOR	MATIO	N			
Date	Social Se	curity Number			
Name				2	
Last		First		Middle	
Present Address					
Phone No	Street	- 1	Stat		Zip
Referred By		Are you 18 yea	rs of age or older	? Yes	No
Do you possess a valid Driv	er's License	? Yes No	State	Exp. Date _	
Your MVR (Motor Vehicle Record) will eb checked – Driver's License #					
Is it a commercial driver's li	cense (CDL)	? Yes No	Class?		
List endorsements					
Ever been convicted of a crime? Yes No					
Explain, if yes		2			
PERSONAL INFOR					
Position applied for					
Date you can start		Salary De	sired		
Interested in:	e	part time	seasonal	temp	orary
Employed now? Yes]No M	ay we contact pres	ent employer?	Yes	No
Ever applied to the City of N	/litchellville	before? Yes	No When?_		
Ever been employed by the	City of Red	field Before?Yes	No Whe	n?	

EMPLOYMENT HISTORY (include military and self-employment)

List below in reverse order the positions you have held starting with your present or most recent employment.

1. Employer	Phone			
Address	City	State Zip		
Date of Employment From:	To:	Wage/Salary		
Supervisor	Titles/Duties			
Why did you leave?				
2. Employer		Phone		
Address	City	State Zip		
Date of Employment From:	To:	Wage/Salary		
Supervisor	Titles/Duties			
Why did you leave?		·		
3. Employer				
Address	City	State Zip		
Date of Employment From:	To:	Wage/Salary		
Supervisor	Titles/Duties			
Why did you leave?				
4. Employer				
Address	City	State Zip		
Date of Employment From:	To:	Wage/Salary		
Supervisor	Titles/Duties			
Why did you leave?		, ,,		

EDUCATION RECORD

High School/GED				
Address				
Address	Street	City	State	Zip
of years completed			Piploma	
				· ·
College/University				
ddress		. ·		
ddress	Street	City	State	Zip
of years completed _		D	iploma	
ocational or Business	School			
ddress				
	Street	City	State	Zip
of years completed	<u></u>	D	iploma	
ther				
ddress				÷
	Street	City	State	Zip
		D	iploma	
EMARKS	•			
ate any additional info ay be helpful to us in c	ormation rega considering yo	rding your knowledge our application includ	e, skills and abilities which ing certifications, licenses	n you feel s, etc.
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FEDERAL / STATE INFORMATION FORM

The City of	Redfield is a	n equal op	portunity	/ employer	, and our	employme	it
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discriminati	ion in regard	d to race, c	reed, cold	or, sex, reli	gion, disa	bility, natio	nal
origin, or ag	₹ e.		era Karan Espai	over the state of	Park (A. Sales) (A. Sales) Sent (A. Sales) (A. Sales) (A. Sales)		
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The City of Redfield takes pride in being an equal opportunity employer. The information requested below is used to assist us in our compliance with Federal/State equal employment opportunity record keeping and reporting. To assist us in this process we request your cooperation in providing the following information. (Your participation is voluntary and will be kept confidential.)

Your response will not be used in any way to determine your eligibility for employment. Thank you for your assistance.

Name	Application Date
Position Des	iredBirth Date
Sex: Male	Female Social Security Number
How were yo	ou referred to us? Advertisement Friend Relative Emp. Agency Walk-in Other
Race:	American Indian or Alaskan Native – All persons having origins in any of the original people of North America who are recognized as an Indian by either a tribe, tribal organization, and suitable authority in the community.
	Asian or Pacific Islander – All persons having origins in any of the original people of the Far East, Southeast Asia, the Pacific Islands, or Indian subcontinent (Bangladesh, Bhutan, Indian, Nepal, Pakistan, Sikkim, Sri Lanka)
	Black – All persons having origins in any of the Black racial groups.
	Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
	White (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

APPLICANT'S STATEMENT

Applicant's Signature

I understand the City of Redfield is an employment-at-will employer. Employment is for no fixed term and an employee may terminate, or be terminated at any time, for any reason that is not against the law. These terms of employment may not be changed orally.

I understand the City of Redfield operates 24 hours a day, seven days a week. As work changes occur within departments, employees may be required to change shifts, and/or days worked, or work overtime. Each employee is required to comply with staffing needs.

I understand that the Immigration Reform and Control Act of 1986 (Public Law #99-603) requires all new employees to provide documents proving their U.S. citizenship or their authorized alien work status to begin employment. I further understand that all job offers are conditional on the production of satisfactory documentation as required by this law.

I understand and agree that if conditionally offered employment, I will be required to take an entrance medical examination which includes a drug screen based on analyses of body fluids. I further understand if alcohol, prescription drugs or any controlled substance is detected through the screening process, that in the absence of an acceptable medical explanation, I will not be considered for employment.

I certify that the information in this application is true and complete to the best of new knowledge. I authorize investigation of all matters contained in this application and agree that any misleading, false statements, or omissions are cause for rejection of this application and would be sufficient cause for dismissal after employment. I authorize investigation of my past employment, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by the City of Redfield.

Applicant s signature	Date
VETERAN'S PREFERENCE - Veteran's prefer	ence applies to honorable discharged citizens and residents of
the state with dates of service any time bet	tween 12/7/41-12/31/46; 6/25/50-1/31/55; 8/5/64-5/7/75;
8/2/90-2/28/91 dates are inclusive. Addition	onal points will also be added if you have a qualifying service-
connected disability. U.S. Military Services:	2 Voc. No. No.
Dates of active duty Frame	: res NO
Dates of active duty: From	:Type of discharge:
Are you a citizen and a resident of lowa? Ye	es No If you answered yes and if your dates of service
	ervice-connected disability or are you receiving compensation,
disability benefits, or pension under laws ac	dministered by the veterans administration (an honorably
	the Purple Heart for disabilities incurred in action shall be
considered to have a service-connected dis-	ability)? Yes No Applicants wishing to claim veteran's
preference must submit proof of service inc	cluding dates of active duty and type of discharge prior to or at
the time of intention. Do you intend to elain	m notaron's professional Vers
the time of interview. Do you intend to clain	in veceralis preferences sesNo
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