

CITY OF MERRILL

APPLICATION FOR EMPLOYMENT

(Print neatly and complete all blanks)

PERSONAL INFORMATION:

Full Name: _____
First Middle Initial Last

Address: _____
Number Street/PO Box City State Zip

Mailing Address: _____
Number Street/PO Box City State Zip

Telephone Number: _____ Social Security Number: _____

Are you 16 years of age or older? Yes ☐ No ☐

Do you possess a valid Driver's License? Yes ☐ No ☐ Class: _____ Endorsements: _____

Are you legally able to work in the United States? Yes ☐ No ☐

Are you a military Veteran as defined in Iowa Code Section 35.1? Yes ☐ No ☐

If yes, provide dates of active duty: _____ to _____

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes ☐ No ☐

If yes, provide all other name(s): _____

POSITION DESIRED:

Job Title: _____ Date you can start: _____

Wage Desired: _____

Are you available for work: Full-Time ☐ Part-Time ☐ Shift Work ☐ Seasonal ☐

EDUCATION:

Do you have a High School Diploma or GED? Yes ☐ No ☐

Name of the last school attended: _____ City: _____ State: _____

Last year of school completed: _____

Check All that apply: High School Diploma GED Certificate AA BD MD PHD Other

If Other, Please Explain: _____

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

Other Training or Skills (factory or office machines operated, special courses, computer skills, etc.):

EMPLOYMENT HISTORY:

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

Address: _____
 Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
 Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact your former employers to verify this information? Yes ☐ No ☐

May we contact your present employer? Yes ☐ No ☐

Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

I authorize investigation of all statements contained in the application. I certify that all the information is true. I understand that omission or misrepresentation of these facts is just cause to eliminate this application for consideration or for dismissal.

It is my understanding that the city will make a thorough investigation of my work history and may verify all data given in my application for employment, related papers or oral interviews, and obtain additional information relating to my background. I authorize all persons and entities to supply any information concerning my background. I specifically waive written notice of such disclosures from my former employers. In consideration of the City's review of this application, I release the City and all providers of information from any liability as a result of furnishing and receiving this information.

I understand that nothing contained in this application, or in the granting of an interview, creates an offer of employment. If I am granted employment, I agree to conform to the rules and regulations of the City. I understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of the city or myself.

Signature: _____

Date: _____