

CITY OF DYSART EMPLOYMENT APPLICATION

601 Wilson Street, PO Box 686, Dysart, IA 52224

Phone: 319-476-5690; FAX: 319-476-2529; Email: dysart@fctc.coop

Date: _____

APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

Social Security Number ____ - ____ - ____

Have you ever applied for employment with us? Yes _____ No _____

If so, when _____

Position Desired _____ Date Available _____

Apart from absence for religious observance, are you available for full-time work?

Yes _____ No _____ If not, what hours can you work? _____

Will you work overtime if asked? _____ Pay Expected _____

Are you legally able to work in the United States: Yes _____ No _____

Have you ever worked for this company? Yes _____ No _____ If so, when? _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, explain _____

EDUCATION

SCHOOL	NAME	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College					
High School					
Other					

EMPLOYMENT

Company Name	Phone
Address	Employed (State Month & Year) From to
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Phone
Address	Employed (State Month & Year) From to
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Phone
Address	Employed (State Month & Year) From to
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Phone
Address	Employed (State Month & Year) From to
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Attach additional sheets if necessary.

We may contact the employers listed above unless you indicate those you do not want us to contact. DO NOT CONTACT _____.

REFERENCES – *Please list three professional references.*

Name	Relationship
Company	Phone
Address	City, State, ZIP
Name	Relationship
Company	Phone
Address	City, State, ZIP
Name	Relationship
Company	Phone
Address	City, State, ZIP

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

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.

Disclaimer & Signature

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Also, I give permission to the Dysart Police Department to release a copy of my current driving record to the Dysart City Council for their examination. This information shall be used to determine my eligibility for employment with the City of Dysart, Iowa, and, if employed, shall become part of my employment file to verify that I have met the licensing requirements set by the City of Dysart. I understand that this information may be disclosed to the general public.

I hereby release the City of Dysart and its officers, agents and employees from any and all liability arising from the release and/or public disclosure of my driving record to the Dysart City Council.

Date

Signature of Applicant