

CITY OF WALNUT APPLICATION FOR EMPLOYMENT
CITY OF WALNUT
229 ANTIQUE CITY DRIVE
P.O. BOX 326
WALNUT, IA 51577
712-784-3443

The City of Walnut is an Equal Opportunity Employer
The law prohibits discrimination in hiring due to age, race, color, creed, sex,
National origin, religion, disability, or veteran's status.

(Print neatly and complete all blanks)
Auxiliary aids and services are available upon request to individuals with disabilities.

PERSONAL INFORMATION:

Full Name: _____
 First Middle Initial Last

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

Telephone Number: _____ Social Security Number: _____

Are you 18 years of age or older? Yes or No

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

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

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

Circle Last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

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 or No

May we contact your present employer? Yes or No

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

SPECIAL SKILLS OR QUALIFICATIONS AND HONORS:

REFERENCES

List three professional contacts and two personal references including their titles, companies, addresses and phone numbers.

Under Federal and State laws, certain positions with the City require that employees take physicals, take a pre-employment drug test and remain subject to periodic testing.

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

Signature: _____ **Date:** _____