

**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



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:** \_\_\_\_\_