

# APPLICATION FOR EMPLOYMENT

**(PLEASE PRINT)**

Date of Application

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## Education / Training

Elementary School: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_

High School: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Degree: \_\_\_\_\_

Majors / Minors: \_\_\_\_\_

Other (specify): \_\_\_\_\_

\_\_\_\_\_

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

### Describe any specialized training, apprenticeship, skills and extra-curricular activities


**List Professional, Trade, Business or Civic activities and offices held.** *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other professional status:*


## Employment Experience

Start with your present or last job. Include any job-related military service assignments or volunteer activities. (You may exclude organizations which indicate gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				

## References

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Applicant's Statement

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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.

This application for employment shall be considered active for a period of time not to exceed (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Administrator or (his/her) designee.

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 City of Bondurant, Polk County, Iowa.

A pre-employment drug test may be conducted after an applicant is conditionally offered City employment. Pre-employment job applicants who test positive shall not be employed by the City, and shall not have the right to have their samples re-tested.

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Signature of Applicant

Date

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### RELEASE

I hereby authorize the Iowa Department of Transportation to release my driving history record to the Office of the City Administrator of the City of Bondurant, Polk County, Iowa, for the purpose of an employment background check.

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Signature

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Name (Please Print)

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Social Security Number

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Driver's License Number

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*Copies of this form should be considered valid waivers.*

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### APPLICATION FOR REASONABLE ACCOMMODATION

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your ability to do the job. However, if you want the City to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation which you believe would be appropriate.

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Applicant's Signature

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Date