CITY OF BETTENDORF

APPLICATION FOR EMPLOYMENT

(please print clearly)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in assessment for possible future positions.

PERSONAL INFORMATION

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. (last 4) XXX-XX-\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

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

 No. Street City State Zip

Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have reliable transportation to get to work on time every day? Yes [ ]  No [ ]

Position(s) applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of pay expected $\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_

Would you work Full-time [ ]  Part-time [ ]  Specify days and times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you previously employed by us? Yes[ ]  No[ ]  If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any relative you have working for us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your application is considered favorable, on what date would you be available for work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any experiences, skills, or qualifications which you feel would especially fit you for work with our organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RECORD OF EDUCATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | Name and Address of School | Course of Study | Last year completed | Did you graduate? | List diploma or degree |
| High School |  |  | [ ]  9 | [ ] 10 | [ ] 11 | [ ] 12 | [ ] Yes [ ]  No |  |
| College |  |  | [ ]  1 | [ ] 2 | [ ]  3 | [ ]  4 | [ ] Yes [ ]  No |  |
| Other (specify) |  |  | [ ]  1 | [ ] 2 | [ ]  3 | [ ]  4 | [ ] Yes [ ]  No |  |

MOST RECENT EMPLOYMENT

Name and address of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates Worked From Mo. \_\_\_\_\_\_\_ Yr. \_\_\_\_\_\_\_ to Mo. \_\_\_\_\_\_\_ Yr. \_\_\_\_\_\_

Type of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the type of work you did: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Weekly starting salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly last salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PERSONAL REFERENCES

|  |  |  |
| --- | --- | --- |
| NAME AND OCCUPATION | ADDRESS | PHONE NUMBER |
|  |  |  |
|  |  |  |
|  |  |  |

Notice to Applicants: The City of Bettendorf is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, sexual orientation, gender identity, or disability. If disabled, you may request an accommodation to participate in the application process. If you believe you have been discriminated against, in connection with this application, because of a disability, you may contact the Bettendorf City Attorney, City Hall, 1609 State Street, Bettendorf, Iowa 52722, telephone number 563-344-4000, (TT) 332-7427, who has been designated as ADA coordinator for the City of Bettendorf. Discrimination includes refusal to make reasonable accommodations to enable participation in the application process and employment. Contacting the coordinator is not a prerequisite to your pursuit of other remedies.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

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SIGNATURE OF APPLICANT