

# CITY OF WINTERSET APPLICATION FOR EMPLOYMENT

revised 7/2015

POSITION APPLIED FOR	DAYS/HOURS AVAILABLE FOR WORK	DATE	TELEPHONE NUMBER (include Area Code)
NAME (LAST, FIRST, AND MIDDLE INITIAL)	SOCIAL SECURITY NUMBER (Optional)		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (INCLUDE STREET, CITY, STATE & ZIP CODE)	ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A MILITARY VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
	HAVE YOU EVER BEEN BY ANY OTHER NAME(S) WHICH THIS FIRM WILL REQUIRE TO VERIFY ANY OF THE INFORMATION IN THIS APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	IF YES, GIVE NAME(S) AND IDENTIFY RELATED SCHOOL, EMPLOYER, ETC.		

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 6 7 8 9 10 11 12 GED	NAME AND LOCATION OF HIGH SCHOOL	LIST SUBJECTS STUDIED AND DEGREES RECEIVED (Major-Minor)
COLLEGE            1 2 3 4 5 6	NAME AND LOCATION OF COLLEGE	
Have you received any additional training - work shops, short courses, volunteer work, etc? (Use back of this form if necessary.)	Do you have any other experience or qualifications not listed which relate to the job applied for? List any office equipment or industrial machines or equipment you operate.	

Begin with most recent job and list longest or most important jobs held. Please fill out this section carefully and completely.

## EMPLOYMENT HISTORY

COMPANY NAME OR BRANCH OF MILITARY	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS (CITY, STATE, AND ZIP CODE)	REASON FOR LEAVING			DESCRIBE JOB DUTIES, TOOLS OR MACHINES USED

COMPANY NAME OR BRANCH OF MILITARY	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS (CITY, STATE, AND ZIP CODE)	REASON FOR LEAVING			DESCRIBE JOB DUTIES, TOOLS OR MACHINES USED

COMPANY NAME OR BRANCH OF MILITARY	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
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May we contact your present employer?     YES     NO,            Former Employer?     YES     NO  
 I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_