

**CITY OF HAWARDEN
APPLICATION FOR SEASONAL EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**



PLEASE PRINT OR TYPE

Position(s) Applied for _____ Date of Application _____

PERSONAL DATA

Name _____ Social Security Number _____

Address _____ Drivers License Number _____

Do you meet the mandatory minimum age requirement of 16? Yes _____ No _____

Telephone Number (_____) _____ Cell Number (_____) _____ e-mail _____

Have you ever been employed here before? Yes _____ No _____ If yes, give dates and positions _____

Are you eligible for employment in this country? Yes _____ No _____

Date available for work? _____ What is your desired salary range? _____

Have you ever been convicted or plead no contest to a crime? Yes _____ No _____ If yes please provide dates, details, and outcome. _____

Physical Condition: Excellent _____ Fair _____ Good _____ Poor _____

EDUCATION AND TRAINING

	No. of Years Completed	Dates Attended	Did You Graduate?	Name of School
Elementary				
High School				
College				
Post Graduate				

List any special training (vocational schools, short courses, workshops, etc.) or certifications that you might have: _____

If the job announcement requires completion of specific courses or training, indicate that which you have completed: _____

If the job announcement requires the operation of specific machinery or special skills, list those at which you are competent: _____

REFERENCES

List the name, title, and address of three persons with knowledge of your character, experience, and ability. Do not list relatives or former employers.

Name _____ Title _____ Years Known _____

Address _____ Phone _____

Name _____ Title _____ Years Known _____

REFERENCES (CONT'D)

Address _____ Phone _____
Name _____ Title _____ Years known _____
Address _____ Phone _____

Iowa Open Records

The City is subject to the Iowa Open Records Law. Do you desire that your Application be kept confidential to the extent permitted by law? **YES** **NO**

EMPLOYMENT HISTORY

Begin with your present, or most recent employer, and continue for the past 15 years (if applicable):

Attach additional sheets if necessary.

Name and address of employer _____ Phone _____
Immediate Supervisor _____ Title _____
Dates employed _____ Position held _____
Description of duties _____
Starting Salary _____ Final Salary _____ May we contact this employer? Yes _____ No _____
Reason for leaving _____

Name and address of employer _____ Phone _____
Immediate Supervisor _____ Title _____
Dates employed _____ Position held _____
Description of duties _____
Starting Salary _____ Final Salary _____ May we contact this employer? Yes _____ No _____
Reason for leaving _____

CERTIFICATE OF APPLICANT

Please read carefully. I hereby certify that this application contains no misrepresentations or falsifications and that the information given me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at anytime disclose any such misrepresentation or falsification, my application will be rejected. I will be dismissed from the service and I will be disqualified from applying in the future with the City of Hawarden. I further authorize the City of Hawarden to make all necessary and appropriate investigations to verify the information contained herein.

Date _____ Signature of Applicant _____