

City of Wellman

EMPLOYMENT APPLICATION

THE CITY OF WELLMAN IS AN EQUAL OPPORTUNITY / REASONABLE ACCOMODATION EMPLOYER
 City of Wellman, PO Box 129 Wellman, IA 52356
 City Hall (319) 646-2154 / Fax (319) 646-6561

INSTRUCTIONS: Answer all questions completely and honestly. Type or print all answers. Sign the application and any supplemental forms. Resumes are accepted but only in addition to the application. Any omission, misstatement, or falsification may be cause for you to be removed from further consideration in the employment process or discharge from city service. Applications must be received by the posted deadline, whether submitted in person, by fax, or by e-mail. The City of Wellman is not responsible for applications that are not received by the posted deadline.

General Information		
Position Applying For:		
Name:		
(First)	(Middle)	(Last)
Address:		
City:	State:	Zip Code:
Telephone:	Other Phone:	
E-Mail Address:		
Have you ever used or been known by any other names? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Names:		

Are you currently employed? Yes No

Have you ever been terminated, discharged, or asked to resign from any employment? Yes No
 (If yes please provide details on another sheet of paper (include employer information and any information you feel important for the City of Wellman to consider.)

Have you ever been convicted of a violation of law other than a minor traffic violation? Yes No
 (The term "convicted" includes any conviction, a guilty plea, a no contest plea, a suspended sentence, or a deferred judgment. If yes please provide details on another sheet of paper [include type of crime, conviction date, and court information]. Conviction of a crime does not necessarily constitute automatic bar from employment.)

Are you eligible to claim veterans' preference points under section 2108 of Title 5 of the United States Code?
 Yes No

<p style="text-align: center;">I will accept (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Regular</p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Temporary</p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p> </td> </tr> </table> <p>Shift: Days <input type="checkbox"/> Evenings <input type="checkbox"/> On Call <input type="checkbox"/></p> <p>Date available to start work:</p>	<p>Regular</p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p>	<p>Temporary</p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p>	<p style="text-align: center;">Do you have a legal right to work in the U.S.?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>All new hires will be required to submit verification of the legal right to work in the United States within (3) business days of employment. In accordance with the Immigration Reform and Control Act of 1986 we are legally prohibited from employing anyone who cannot provide such verification.</p>
<p>Regular</p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p>	<p>Temporary</p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Part Time</p>		

EDUCATION, TRAINING, AND SKILLS

Proof of education and/or professional certifications may be required prior to hire.

Driver's License Information:

Do you have a valid driver's license?	Driver's License Number:	State:	CDL?
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
List any CDL endorsements:			

Do you have a high school diploma or G.E.D.? Yes No

If no, please indicate the highest grade completed:

Education Information:

Name of High School / College / University:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Professional Registrations, Licenses, and/or Certifications that relate to this position:

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

List any specialized training you've received that relates to this position:
List equipment and/or computer software applications you are proficient in operating that relate to this position:

EMPLOYMENT HISTORY

Begin with your present or most recent employer. List all jobs, paid or volunteer, over the last five years. Include experience prior to five years ago if it relates to the position you are applying for. Your qualifications will be evaluated on the information you provide on this application form

Employer:				Phone #			
Position Title:		Employment Dates (mo/yr)		From:		To:	
Address:		City:		State:		Zip:	
Direct Supervisor:				Phone #			
Annual Salary:				Hours per week:			
Job Duties:							
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Reason for leaving or wanting to leave?							
Employer:				Phone #			
Position Title:		Employment Dates (mo/yr)		From:		To:	
Address:		City:		State:		Zip:	
Direct Supervisor:				Phone #			
Annual Salary:				Hours per week:			
Job Duties:							
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Reason for leaving or wanting to leave?							
Employer:				Phone #			
Position Title:		Employment Dates (mo/yr)		From:		To:	
Address:		City:		State:		Zip:	
Direct Supervisor:				Phone #			
Annual Salary:				Hours per week:			
Job Duties:							
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>							

Reason for leaving or wanting to leave?

Employer:	Phone #		
Position Title:	Employment Dates (mo/yr)	From:	To:
Address:	City:	State:	Zip:
Direct Supervisor:	Phone #		
Annual Salary:	Hours per week:		
Job Duties:			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for leaving or wanting to leave?			

PROFESSIONAL REFERENCES – PROVIDE AT LEAST THREE

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

Name:	Contact number:
Address:	Relationship:

I hereby certify that the statements made on this employment application are accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, incomplete, or misleading information I may not be eligible for employment and if hired I will be subject to termination.

By checking the following box I electronically affix my signature to this employment application:

Signature: Date: