CITY OF FAIRFAX APPLICATION FOR EMPLOYMENT

The City of Fairfax is an Equal Opportunity Employer

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, or veteran's status.

(Print neatly and complete all blanks)

Auxiliary aids and services are available upon request to individuals with disabilities.

PERSONAL INFORMATION:

Full Name: _____
First Middle Initial Last

Current Address: _____
Number Street/PO Box City State Zip

Telephone Number: _____ Social Security Number: _____

Are you 18 years of age or older? Yes ☐ or No ☐

Are you legally able to work in the United States? Yes ☐ or No ☐

Are you a military Veteran as defined in Iowa Code Section 35.1? Yes ☐ or No ☐

If yes, provide dates of active duty: _____ to _____

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes ☐ or No ☐

If yes, provide all other name(s): _____

_____

POSITION DESIRED:

Job Title: _____ Date you can start: _____ Wage Desired: _____

Are you available for work: Full-Time ☐ Part-Time ☐ Shift Work ☐ Seasonal ☐

EDUCATION:

Do you have a High School Diploma or GED? Yes ☐ or No ☐

Name of the last school attended: _____ City: _____ State: ____

Circle Last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

_____

_____

Other Training or Skills (factory or office machines operated, special courses, computer skills, etc):

_____

_____

_____

_____

EMPLOYMENT HISTORY:

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

_____

_____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

_____

_____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

_____

_____

Reason for Leaving: _____

May we contact your former employers to verify this information? Yes ☐ or No ☐

May we contact your present employer? Yes ☐ or No ☐

Please provide any additional information about your abilities or interests that makes you a good candidate for this position: _____

_____

_____

_____

I authorize investigation of all statements contained in the application. I certify that all information is true. I understand that omission or misrepresentation of these facts is cause to eliminate this application for consideration or for dismissal.

It is my understanding that the City will make a thorough investigation of my work history and may verify all data given in my application for employment, related papers or oral interviews, and obtain additional information relating to my background. I authorize all persons and entities to supply any information concerning my background. I specifically waive written notice of such disclosures from my former employers. In consideration of the City's review of this application, I release the City and all providers of information from any liability as a result of furnishing and receiving this information.

I understand that nothing contained in this application, or in the granting of an interview, creates an offer of employment. If I am granted employment, I agree to conform to the rules and regulations of the City. I understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of the City or myself.

Signature: _____ Date: _____