

# CITY OF DENISON APPLICATION FOR EMPLOYMENT



**PLEASE PRINT OR TYPE TO FIT THE SPACES PROVIDED.**

(A fillable pdf of this application is available on the city's website: denisonia.com)

**THE CITY OF DENISON IS AN EQUAL OPPORTUNITY EMPLOYER.**

Federal and State law prohibit discrimination on the basis of race, religion, sex, age, national origin, marital status or mental or physical disability. No question on the application is intended to secure information to be used for such discrimination.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

## GENERAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone (incl area code) \_\_\_\_\_ Cell Phone (incl area code) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Have you ever filed an application at the City of Denison before?  Yes  No

If yes, what date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed here before?  Yes  No

If yes, what department? \_\_\_\_\_ Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently employed?  Yes  No

**In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Applicants are subject to background checks.**

Type of employment desired:  Full-time  Part-time  Temporary  Seasonal

When are you available to begin working with the City of Denison? \_\_\_\_/\_\_\_\_/\_\_\_\_

Can you travel if the job requires it?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## VETERANS PREFERENCE

Chapter 35C, Code of Iowa, provides certain rights, including preference in hiring if equally qualified, to certain veterans of the U.S. Military Service. Qualifications for these rights are defined by the statute.

Are you a veteran of the United States military service?  Yes  No

Are you a member of the Reserves or National Guard?  Yes  No

Branch of Service \_\_\_\_\_ Dates of Active Duty \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Any person who may wish to claim a Veterans Preference must submit a copy of a certified form DD214 by the deadline set for the receipt of applications for the position of which the person is applying.**

## EDUCATION

*TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	MAJOR	GRADUATED? IF YES, LIST DEGREE
HIGH SCHOOL					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Examples of type of school includes college, graduate school, business school, trade school, or professional school.

## DRIVER'S LICENSE

(Only for positions which require driving, or when travel is required for the position.)

Do you have a driver's license?  Yes  No

Driver's License No \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had any accidents during the past three (3) years?  Yes  No If yes, how many? \_\_\_\_\_

Have you had any moving violations during the past three (3) years?  Yes  No If yes, how many? \_\_\_\_\_

Do you have a commercial driver's license (CDL)?  Yes  No

CDL Endorsements \_\_\_\_\_

## SPECIAL SKILLS

Please list other special skills you may have, e.g. fluency in other languages, licenses, specialized training, apprenticeships, or job-related military training.

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Can you provide verification of the special skills?  Yes  No

## WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, national origin, age, gender, disability, sexual orientation, or veteran's status.

DATES OF EMPLOYMENT	STARTING	ENDING	RATE OF PAY <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	STARTING	ENDING
EMPLOYER			JOB TITLE		
EMPLOYER ADDRESS (MAILING ADDRESS + CITY/STATE/ZIP)			IMMEDIATE SUPERVISOR AND TITLE		
WORK PERFORMED					
REASON FOR LEAVING					

DATES OF EMPLOYMENT	STARTING	ENDING	RATE OF PAY <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	STARTING	ENDING
EMPLOYER			JOB TITLE		
EMPLOYER ADDRESS (MAILING ADDRESS + CITY/STATE/ZIP)			IMMEDIATE SUPERVISOR AND TITLE		
WORK PERFORMED					
REASON FOR LEAVING					

DATES OF EMPLOYMENT	STARTING	ENDING	RATE OF PAY <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	STARTING	ENDING
EMPLOYER			JOB TITLE		
EMPLOYER ADDRESS (MAILING ADDRESS + CITY/STATE/ZIP)			IMMEDIATE SUPERVISOR AND TITLE		
WORK PERFORMED					
REASON FOR LEAVING					

## REFERENCES

Please list two (2) references other than relatives or previous employers.

NAME
POSITION
COMPANY
ADDRESS
CITY/STATE/ZIP
TELEPHONE

NAME
POSITION
COMPANY
ADDRESS
CITY/STATE/ZIP
TELEPHONE

## PERMISSIONS

Your application will remain confidential unless you agree to disclosure by signing below.

To allow this application to be subjected to disclosure, check the box, then sign and date below.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date Signed

To give the City of Denison the authority to contact any previous employers, check the box, then sign and date below.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date Signed

## WAIVERS AND DISCLOSURES

Please read each section carefully, then sign and date below.

### AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

### CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date Signed

**Thank you for applying to City of Denison.**

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.