

CITY OF GLENWOOD

5 N. VINE STREET, GLENWOOD, IA 51534
 PH. 712-527-4717 CITYCLERK@CITYOFGLENWOOD.ORG
 Employment Application

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Date Available										
Position Applied for										
Do you have a valid driver's license?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Have you ever been convicted of a crime?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Have you ever been placed on probation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, when?					
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain					

EDUCATION										
High School					Address					
			Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
College					Address					
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
Other					Address					
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	

REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

PREVIOUS EMPLOYMENT									
Company						Phone			
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company						Phone			
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company						Phone			
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company						Phone			
Address						Supervisor			
Job Title				Starting Salary		\$		Ending Salary \$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>			

MILITARY SERVICE							
Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

DISCLAIMER AND SIGNATURE	
<p>I hereby certify that all statements in this application and accompanying materials are true and I agree and understand that any misrepresentation or deliberate omission of a material fact may be justified for termination or refusal of employment. I authorize the City of Glenwood to release information as necessary to verify statements made in this application and/or accompanying materials. I also authorize the employers, schools, or persons named above to give any additional information regarding my qualifications and character. If offered the position, I further agree to submit to a job-related medical and psychological exam (which will be treated as confidential) by an authorized physician and/or fingerprinting as a condition of employment. I further agree to furnish proof of either citizenship or legal right to work in the US</p>	
Signature	Date