CITY OF STRATFORD APPLICATION FOR EMPLOYMENT

The City of Stratford is an Equal Opportunity Employer

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, or veteran¢ 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 Initi | al | Last | |
| Current Address: Number | Street PO Box | City | State | Zip+4 |
| Cell Phone Number: | | Social Security Nun | nber: | |
| Email Address: | | | | |
| Are you 18 years of age or o | older? Yes | or No | | |
| Are you legally able to work | in the United States | ? Yes or No | | |
| Are you a military Veteran a | s defined in Iowa Co | ode Section 35.1? Yes | or No |] |
| If yes, provide dates of activ | e duty: | to | | |
| POSITION DESIRED: | | | | |
| Job Title: | Date you can s | start: | Wage Desired: | |
| Are you available for work: | Full-Time | Part-Time Shift W | ork Season | al |
| EDUCATION: | | | | |
| Do you have a High School | Diploma or GED? | Yes or No | | |
| Name of the last school atte | nded: | City: | | State: |
| Circle Last year of school co | ompleted: 6 7 | 7 8 9 10 1 12 13 14 1 | 15 16 17 18 | |
| Circle the highest degree ea | rned: High School | Diploma GED Certificat | e AA BD MD | PHD Other |
| Area of Concentration and/c | or degree(s), certifica | ates, licenses, endorsem | ents: | |
| | - | | | |
| | | | | |

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

EMPLOYMENT HISTORY:

| Former Employment (List er | nployers, starting with the current or most rec | cent. Explain all gaps in time of | employment.) | | |
|---|---|-----------------------------------|----------------|--|--|
| Company Name: | | Job Title: | | | |
| Address: Number Street | City | State | Zip | | |
| | | | · | | |
| Start Date: Detailed Job Duties: | End Date: | | | | |
| Reason for Leaving: | | | | | |
| Company Name: | Job Title: | | | | |
| Address: Number Street | City | State | Zip | | |
| Start Date: | End Date: | Rate of Pay: | | | |
| | | | | | |
| | | | | | |
| May we contact your former | employers to verify this information? | Yes or No | o 📃 | | |
| May we contact your present | t employer? Yes or No | | | | |
| Please provide any additiona for this position: | al information about your abilities or ir | nterests that makes you a | good candidate | | |
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I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.