

EMPLOYMENT APPLICATION
 Fill Out Completely, Type or Print In Ink



City of Burlington, Iowa
 Human Resources Department
 City Hall, 400 Washington Street
 Burlington, Iowa 52601

					Date	Email Address: if available
					Position Applied For	
Name:	Last	First	Middle		Social Security No.	Home Phone No.
Address:	No. & Street	City	State	Zip Code	Message: Name/Phone	Cell Phone No.

EDUCATION

Cite Specialized Training Other Than Formal Education On Reverse Side

High School	Name of School	Graduated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D.:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address: No. & Street	City	State	Zip Code	Vocational Program
College	Name of College	Graduated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	
	Address: No. & Street	City	State	Zip Code	Major
Other Schools	Name of Institution	Graduated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Certificate	
	Address: No. & Street	City	State	Zip Code	Major/Type of Program

EMPLOYMENT HISTORY

List **ALL** Positions Held In Reverse Order, Present (or most recent) Job First

Present Job Date of Hire: Mo/Day/Yr.	Name of Employer	Type of Business			
	Address: No. & Street	City	State	Zip Code	Company Phone No.
Your Position	Nature of Duties				
Final Salary	Supervisor: Name	Title	Reason for Seeking New Employment		
Previous Job Dates Employed: Mo/Day/Yr - Mo/Day/Yr	Name of Employer	Type of Business			
	Address: No. & Street	City	State	Zip Code	Company Phone No.
Your Position	Nature of Duties				
Final Salary	Supervisor: Name	Title	Reason for Leaving		
Previous Job Dates Employed: Mo/Day/Yr - Mo/Day/Yr	Name of Employer	Type of Business			
	Address: No. & Street	City	State	Zip Code	Company Phone No.
Your Position	Nature of Duties				
Final Salary	Supervisor: Name	Title	Reason for Leaving		

Continued On Reverse Side

Previous Job Dates Employed: Mo/Day/Yr - Mo/Day/Yr.	Name of Employer	Type of Business		
	Address: No. & Street	City	State	Zip Code
Your Position	Nature of Duties			
Final Salary	Supervisor: Name	Title	Reason for Leaving	
Previous Job Dates Employed: Mo/Day/Yr - Mo/Day/Yr.	Name of Employer	Type of Business		
	Address: No. & Street	City	State	Zip Code
Your Position	Nature of Duties			
Final Salary	Supervisor: Name	Title	Reason for Leaving	

OTHER INFORMATION

Military	Branch	Rank	Duties	
	Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Other (Explain Below)			
Qualifications And Skills	Describe Any Equipment Extensively Operated By You (Office, Construction, Buses, Trucks, Etc.)			
	Current License: <input type="checkbox"/> Driver <input type="checkbox"/> Commercial Driver License		License Ever Suspended or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Chauffeur <input type="checkbox"/> None			
No.:		State:	Date:	Reason:
Ever Convicted of A Crime (except minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Ever Collected Money or Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates: Offenses:			For Whom:	
List Any Specialized Training, Certificates or Achievements				
How did you hear about this employment opportunity?				
Have you reviewed the job description or posting for the position sought? <input type="checkbox"/> Yes <input type="checkbox"/> No				
References List <u>Three</u> (Local Area Residents If Available)	Name	Position	Known How Long?	Phone No.

The City of Burlington Does Not Discriminate On The Basis of Race, Color, National Origin, Sex, Sexual Orientation, Gender Identity, Religion, Age, Or Disability in Employment or the Provision of Services.

I hereby certify that the answers given and statements made by me on this Employment Application are true & correct & that there are no material omissions. I authorize my present and former employers to give City officials any information regarding me or my performance and release such employers, including their representatives & their companies, from all liability from damage for providing requested information. I understand that should investigation disclose misrepresentation or falsification, I will be dismissed immediately, my application will be rejected and I will be disqualified from making future application with the City.

I understand that any employment offered by the City is "employment at will" & I may be terminated for any reason not violative of law (or a collective bargaining agreement where applicable). I understand my driving and any criminal records may be checked and I agree to submit to a pre-employment physical examination at City expense following a conditional offer of employment. I also understand that the City of Burlington has a strict policy against illegal drug involvement by employees that can result in immediate disqualification or dismissal from employment for any such illicit activities occurring on or off the job. I also understand the City strictly enforces the Iowa Smokefree Air Act and employees violating said Act are subject to discipline, up to & including discharge.

Read the Aforegoing Carefully!	Date	Signature of Applicant
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