

CITY OF EVANSDALE  
123 N EVANS ROAD  
EVANSDALE, IOWA 50707  
PHONE: 319-232-6683  
FAX: 319-232-1586

**APPLICATION FOR EMPLOYMENT**  
(Print neatly and complete all blanks)

Date: \_\_\_\_\_

**IWD is an Equal Opportunity Employer/Program**  
*Auxiliary aids and services are available upon request to individuals with disabilities.*

**PERSONAL**

**Full Name:** \_\_\_\_\_  
First Middle Initial Last

**Current Address:** \_\_\_\_\_  
Number Street City State Zip

**Telephone Number:** ( ) \_\_\_\_\_ **Social Security Number:** DO NOT COMPLETE

Are you 18 years of age or older? Yes  No  Are you a military Veteran? Yes  No   
Are you legally able to work in the United States? Yes  No  If Yes, 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?

**EMPLOYMENT DESIRED**

**Job Title:** \_\_\_\_\_ **Date you can start:** \_\_\_\_\_ **Wage Desired:** \_\_\_\_\_

Are you available for work: Full-Time  Part-Time  Temp  Seasonal

**EDUCATION**

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

**Name of 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.):**

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**EMPLOYMENT HISTORY**

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**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: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_  
\_\_\_\_\_Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_  
\_\_\_\_\_Reason for Leaving: \_\_\_\_\_

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May we contact your former employers to verify this information?

Yes  No May we contact your present employer? Yes  No 

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.
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Please provide any additional information about your abilities or interests that makes you a good candidate for this position:  
\_\_\_\_\_  
\_\_\_\_\_

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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.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DRIVING RECORD AUTHORIZATION AND RELEASE FORM

I, \_\_\_\_\_ hereby authorize the City of Evansdale to conduct a search of my driving record annually. The City in consultation with its insurance carrier shall annually review the driving record of employees who are required to drive City vehicles or be reimbursed for use of their own vehicles and reserves the right to revoke an employee’s access and ability to operate a City vehicle because of insurability reasons.

FULL NAME: \_\_\_\_\_

(first)

(middle name)

(last)

DRIVERS LICENSE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (MM/DD/YY)

I voluntarily disclose the following **convictions** on my driving record. (To the best of your ability, please explain what you were convicted of - speeding, OWI, theft, domestic abuse etc. Include date of violation, charge and disposition):

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of City Clerk requesting search

\_\_\_\_\_  
Date