



CITY OF UTE APPLICATION FOR EMPLOYMENT

CITY OF UTE 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.

GENERAL INFORMATION

Date of Application: _____ Available to Start on Date: _____

Position(s) Applied For: _____

Name: _____

Physical Address: _____

Mailing Address: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

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

If yes, give approximate date: _____

Have you ever been employed at the City of Ute previously? Yes No

If yes, give approximate date and position: _____

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.

Employment Desired: Full-Time Part-Time Temporary/Seasonal

What hours are you available for work? _____

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If yes, 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 is defined by 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 and Dates of Active Duty: _____

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(S)	LOCATION	# OF YEARS	MAJOR or DEGREE	CHECK IF GRADUATED
High School					
College					
Graduate School					
Bus. Or Trade School					
Professional School					

DRIVER'S LICENSE (Only for positions which require driving or travel is required for the position)

Do you have a driver's license? Yes No

Driver's License # _____ State of Issue: _____ Expiration Date: _____

Do you have a Commercial Drivers License (CDL)? Yes No If yes, type: _____

CDL Endorsements: _____

Have you had any accidents during the past three (3) years? Yes No How many? _____

Have you had any moving violations during the past three (3) years? Yes No How many? _____

OTHER 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.

Can you provide verification for the special skills? Yes No

WORK EXPERIENCE Please list your work experience beginning with your **most recent** job. Include any job-related military assignments and volunteer activities. If you were self-employed, give firm name. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status. If you need additional space, please continue on a separate sheet of paper. If you would like to include a resume, you may include it with this application.

Employer:	
Address:	Phone:
Job Title:	Supervisor:
Dates of Employment:	Rate of Pay:
From:	Starting:
To:	Ending:
Work Performed:	
Reason for Leaving:	

Employer:	
Address:	Phone:
Job Title:	Supervisor:
Dates of Employment:	Rate of Pay:
From:	Starting:
To:	Ending:
Work Performed:	
Reason for Leaving:	

Employer:	
Address:	Phone:
Job Title:	Supervisor:
Dates of Employment:	Rate of Pay:
From:	Starting:
To:	Ending:
Work Performed:	
Reason for Leaving:	

REFERENCES

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

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____

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

I agree to allow this application to be subjected to disclosure by checking the box and signing next to it.

Signature of Applicant Date Signed

Check the box and sign below to give the City of Ute the authority to contact any previous employers.

Signature of Applicant Date Signed

WAIVERS AND DISCLOSURES
Please read each section carefully, sign below, and date

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.

CERTIFICATE 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

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.

Thank you for applying to the City of Ute