

CITY OF MILFORD

806 N Ave, PO Box 536, Milford, IA 51351 Phone: (712) 338-2741 www.milford.ia.us

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	
Current Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Have you ever been known by any other name(s) that this City will require to verify any information on this application?					
Position Applied for				Full-Time, Part-Time, Temp or Seasonal (circle one)	
Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally able to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a crime in State or Federal Court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiration Date:		
Drivers License Number(s):		State:		Class:	
EDUCATION					
Last School attended:		Address			
Do you have a High School Diploma or GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College		Address			
Highest degree earned:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other Training or Skills (Office Machines Operated, Special Courses, Computer Skills, etc.)					
Area of Concentration and/or degree(s), certificates, licenses, endorsements:					
Other Qualifications: (Summarize Special Job-Related Skills)					
REFERENCES					
<i>Please list three professional references.</i>					
Full Name				Relationship	
Address				Phone	
Full Name				Relationship	
Address				Phone	
Full Name				Relationship	
Address				Phone	

PREVIOUS EMPLOYMENT (LIST EMPLOYERS, STARTING WITH THE CURRENT OR MOST RECENT)

Company		Phone
Address		Supervisor
Job Title	Rate of Pay: \$	
Responsibilities		
Start Date	End Date	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	Rate of Pay: \$	
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	Rate of Pay: \$	
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

Are you a military Veteran? Yes or No?

If Yes, Dates of Active Duty: _____ to _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. (Circle One) : Yes or No

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal if this application leads to employment. (Circle One): Yes or No

I consent to having this application and any accompanying documents treated as public records. (Circle One): Yes or No

I consent to have a background check done. Yes or No

I consent to have an Iowa criminal history record check with the Division of Criminal Investigation (Circle One): Yes or No

Any information maintained by the DCI may be released as allowed by law.

Signature _____ Date _____

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status. The City of Milford, Iowa is an equal opportunity employer and service provider.