

# APPLICATION FOR EMPLOYMENT

**CITY OF LECLAIRE IOWA**

**325 Wisconsin St.  
LeClaire, Iowa 52753  
(563) 289-4242**

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application		
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____				
Last Name		First Name	Middle Name	
Address	Number	Street	City	
			State	Zip Code
Telephone Number(s)			Social Security Number (voluntary)	

Best time to contact you at home is: .....:..... <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? If Yes, give date .....  Yes  No

Have you ever been employed with us before? If Yes, give date .....  Yes  No

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No  
 If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.* .....  Yes  No

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:    Full Time (Please indicate 1 2 3 shift)  
    Part Time (Please indicate Mornings Afternoon Evenings)  
    Temporary (Please indicate dates available \_\_\_\_\_ - \_\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

## EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?       YES       NO

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

## REFERENCES **Do not include family members or past supervisors.**

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

_____ Signature of Applicant	_____ Date
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*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing & Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*