The City of Britt is an Equal opportunity; Affirmative Action Employer

APPLICATION FOR EMPLOYMENT

Position(s) Applied For:		Da	ate:		
Name:					
	First			M.I.	
Address:		City	State	Zlp	
		·		•	
Telephone No. Home: ()	Work ()			
Cell: ()	Email:				
Are you legally authorized to wo *As required by federal law, The City of Britt employees will be required to complete an "fe	rk in the United States?	YesN	VO	urk in the United Ca-	tes. All new
Have you ever been convicted of suspended sentence relating to a If you answered yes, please briefly explain: (a	a criminal offense, excludi	ng traffic	offenses?	Yes No	gment o
. Are you 18 years of age or older? Are you currently registered as a If Yes, please explain:		other juri:	sdiction?	_yesno	
Military or other war service in the Please provide inclusive dates, branch of service of the U.	ce, and final rank, lowa Veteran's	Preference La	PS w applies to honor	ably discharged per	sons who
Active .					
Reserve					
Are you related to anyone now en	nployed by the City of Bri	tt: v	√es no		
If yes, provide name and relationship.					
Have you ever been employed by:					

If required for the	position do you have a	valid driver's license	e yesno	
CDL?Yes				
Driver's License #_				
	position do you have v			Ves No
	mployed?Ye		masket was position.	
	ur employer?Ye			
		•		
	Ec	lucation/Training/S	kills	
Education	Name and Location of School	Year Graduated	Course of Study Major/Minor	Diploma/Degree
High School				
College/Trade School				
College/Trade School				
College/Trade School				
Other				
	information you feel r		nsidering your applica	

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Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. Use additional sheets if necessary.

Most Recent Employer:	Employer Phone#	
Address:	City: State: Zip:	
Job Title:	Employment Dates:to	
Direct Supervisor:	May we contact?YesNo	
Annual Salary:	Hours Per Week # of employees supervised	
Description of Dutles:		
Reason for leaving:		
Previous Employer:	Employer Phone#	
Address:	City:State:Zlp:	
Job Title:	Employment Dates:to	
Direct Supervisor:	May we contact?YesNo	
Annual Salary:	Hours Per Week # of employees supervised	
Description of Duties:		<u> </u>
Reason for leaving:		
Previous Employer:	Employer Phone#	
Address:	City:State:Zip:	
Job Title:	Employment Dates:to	
Direct Supervisor:	May we contact?YesNo	
Annual Salary:	Hours Per Week # of employees supervised	
Description of Duties:		
Reason for leaving:		

Professional References

Name	Phone Number	Best Time to Call	Relationship to You

APPLICANTS STATEMENT

I have read the City of Britt Application for Employment and submit this application in good faith on behalf of the above listed statements. I hereby give permission to the City to authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. To the best of my knowledge I hereby certify that all representations, warranties, or statements made or furnished to the City in connection with this application are true and accurate in all material respects. I understand that if I provide false, inaccurate or incomplete information, I will not be eligible for employment, or if hired, will be subject to disciplinary action or dismissal regardless of the date on which the City discovers the violation of its policy regarding application form dishonesty.

I understand that if I apply for employment with this City, the City may conduct a check of my criminal history, past employment history, medical history, scholastic record, motor vehicle driving records, workman's compensation history and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I release and discharge the City of Britt and any other person, firm, agency, or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the City of Britt as part of my application for employment.

Signature of Applicant	Date