

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

APPLICATION FOR EMPLOYMENT

Position(s) Applied For: _____ Date: _____

Name: _____
Last First M.I.

Address: _____
Street City State Zip

Telephone No. Home: () _____ Work () _____

Cell: () _____ Email: _____

Are you legally authorized to work in the United States? Yes ___ No ___

*As required by federal law, The City of Britt will employ only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification" (I-9) and produce requested documentation.

Have you ever been convicted of, or plead guilty or "no contest" to, or received a deferred judgment or suspended sentence relating to a criminal offense, excluding traffic offenses? ___ Yes ___ No

If you answered yes, please briefly explain: (a "yes" response will not automatically disqualify you from employment)

Are you 18 years of age or older? ___ Yes ___ No

Are you currently registered as a Sex Offender in this or another jurisdiction? ___ yes ___ no

If Yes, please explain:

Military or other war service in the Armed Forces of the United States

Please provide inclusive dates, branch of service, and final rank. Iowa Veteran's Preference Law applies to honorably discharged persons who served in the military or naval forces of the U.S. in certain specified periods of time.

Active

Reserve

Are you related to anyone now employed by the City of Britt: ___ yes ___ no

If yes, provide name and relationship. _____

Have you ever been employed by the City of Britt? ___ Yes ___ No Dates: _____

If required for the position do you have a valid driver's license ___ yes ___ no

CDL? ____ Yes ____ No

Driver's License # _____

If required for the position do you have valid licensure as required for the position? ____yes ____No

Are you currently employed? ____ Yes ____ No

May we contact your employer? ____ Yes ____ No

Education/Training/Skills

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				

State any additional information you feel may be helpful in considering your application.

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?	_____ Yes	_____ No	
Annual Salary:	_____	Hours Per Week	_____	# of employees supervised	_____
Description of Duties:	_____				
Reason for leaving:	_____				

Previous Employer:	_____	Employer Phone#	_____		
Address:	_____	City:	_____ State:	_____ Zip:	_____
Job Title:	_____	Employment Dates:	_____	to	_____
Direct Supervisor:	_____	May we contact?	_____ Yes	_____ No	
Annual Salary:	_____	Hours Per Week	_____	# of employees supervised	_____
Description of Duties:	_____				
Reason for leaving:	_____				

Previous Employer:	_____	Employer Phone#	_____		
Address:	_____	City:	_____ State:	_____ Zip:	_____
Job Title:	_____	Employment Dates:	_____	to	_____
Direct Supervisor:	_____	May we contact?	_____ Yes	_____ No	
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