

City of Afton
115 E. Kansas St.
P.O. Box 199
Afton, IA 50830
Ph: (641) 347-5224 Fax: (641)347-5297

Name: _____
Last First Middle (Maiden)

Other names you are known by or have used: _____

Address: _____
Street, City, State, Zip

Mailing Address, if different: _____

Number of years at this address: _____ If less than ten (10) years at this address, please list previous addresses and dates of residency:

Telephone Number: (Home): _____ (Cell): _____

Email: _____

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

Are you a veteran? ___ Yes ___ No
If you are a veteran, list Branch or Military and Years of Service: _____

Can you travel, if the job, training or a meeting require you to do so? ___ Yes ___ No
Do you have a current Iowa Drivers License? ___ Yes ___ No Type: _____ Expires: ___ / ___

License No. _____ Driving History (citations/accidents): _____

I understand that my driving record may be reviewed if the position I am considered being hired for requires me to drive a vehicle for the City. _____ (initialed)

Have you been convicted of a felony? ___ Yes ___ No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Under Federal and State laws, certain positions with the City require that employees take physicals, take a pre-employment drug test and remain subject to periodic testing. If pre-employment drug test is not passed, you will not be hired. If a problem arises with positions requiring physicals, reasonable accommodations will be made based upon the job description.

SPECIAL SKILLS OR QUALIFICATIONS AND HONORS:

REFERENCES (List three professional contacts and two personal references including their title, companies, addresses and phone numbers.)

Attached pages include (list such paperwork as resume or additional pages for training, etc.):

Position applying for: _____ Full Time Part Time Seasonal

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. 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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EMPLOYMENT INFORMATION DISCLOSURE AUTHORIZATION

To Whom It May Concern:

I hereby authorize the City of Afton, Iowa to obtain any and all information necessary concerning:

Employment history, dates, title, income, hours worked, etc. (including State Employment Security Agency records).

Any information deemed necessary in connection with acquiring a consumer credit report for employment.

Investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying.

I understand that the City of Afton will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the city's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application for employment will not be processed further.

This information is for the confidential use of this employer in compiling a credit report and background check which will be used for evaluating a consumer for employment.

A photocopy of this form may be deemed to be the equivalent of the original and will also serve as authorization.

Thank you.

Consumer (Applicant)

Date

Social Security Number