



340 1st Avenue East, Dyersville, Iowa 52040 • Phone: 563-875-7724 • Fax: 563-875-8238

APPLICATION FOR EMPLOYMENT
PERSONAL DATA

NAME: (Last) (First) (MI)

Current Address: (Street and Number) (City) (State) (Zip)

Permanent Address: (Street and Number) (City) (State) (Zip)

Social Security No.: Telephone No.: ( )

Have you ever been convicted of a felony or misdemeanor that resulted in your imprisonment? A conviction will not necessarily disqualify you from consideration for employment. Yes No

Have you served and been honorably discharged from the Military or Naval Forces of the United States? Yes No

EDUCATION AND TRAINING

Table with 4 columns: School, No. of Years Completed, Did you Graduate? and rows for Elementary, High School, College, Post Graduate.

List any special training (vocational schools, short courses, workshops, etc.):

Three horizontal lines for listing special training.

If the job requires completion of specific courses or training, indicate that which you have completed.

Two horizontal lines for indicating completed courses or training.

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If the job requires the operation of specific skills, list those at which you are competent.

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## EMPLOYMENT HISTORY

Please list your employment history for the past 10 years. Begin with your most recent.  
(You may attach a copy of your current resume that includes the following information.)

Name of Employer:	Address of Employer:
Starting Date:	Starting Salary:
Ending Date:	Ending Salary:
Position/Title	Supervisor:
Duties:	
Reason for Leaving:	

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Position/Title	Supervisor:
Duties:	
Reason for Leaving:	

May inquiry be made of your present employer regarding your character, qualifications and record of employment?

Yes  No

May inquiry be made of your past employer(s) regarding your character, qualifications and record of employment?

Yes  No

### **APPLICATION INFORMATION**

Position Applying For: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Summer: \_\_\_\_\_

Possible Starting Date: \_\_\_\_\_

Salary Expectations: \_\_\_\_\_

**CERTIFICATION OF APPLICANT**

*Read Carefully*

I HEREBY CERTIFY that this application contains no misrepresentations or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I will be dismissed from my employment with the City of Dyersville. I further authorize the City of Dyersville to make all necessary and appropriate investigations to verify the information contained herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I \_\_\_\_\_ do hereby authorize a review of and full disclosure of all reports concerning myself to any duly authorized agent of the City of Dyersville whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institution including records of loans, the records of commercial or retail credit agencies (including credit reports and/ or ratings); and other financial statements of records whenever filed; and employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part; upon this release authorization, will be considered in determining my suitability for employment by the City of Dyersville. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Dyersville from any and all liability, which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal information."

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(Signature of Applicant)

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(Date)

The City of Dyersville is an equal opportunity employer