



Ph. 319-648-3501 60 North Greene Street PO Box 188 Riverside IA 52327

# APPLICATION FOR EMPLOYMENT

(Print neatly and complete all blanks)

## PERSONAL INFORMATION

Full Name:

\_\_\_\_\_

First

Middle Initial

Last

Current Address: \_\_\_\_\_

Number

Street

City

State Zip

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_ No \_\_\_\_

Are you legally able to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Are you a military Veteran as defined in Iowa Code Section 35.1? Yes \_\_\_\_ No \_\_\_\_

If yes, provide dates of active duty: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes \_\_\_\_ No \_\_\_\_

If yes, provide all other name(s): \_\_\_\_\_

## POSITION DESIRED

Job Title: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Are you available for work: Full-Time  Part-Time  Shift Work  Seasonal

## EDUCATION

Name of the last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Circle Last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other \_\_\_\_\_

Area of Concentration and/or degree(s), certificates, licenses, endorsements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Training or Skills (factory or office machines operated, special courses, computer skills, etc.):

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## EMPLOYMENT HISTORY

(Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____	Job Title: _____		
Address: _____			
Number and Street	City	State	Zip
Start Date: _____	End Date: _____	Rate of Pay: _____	
Detailed Job Duties: _____			
_____			
_____			
Reason for Leaving: _____			
_____			

Company Name: _____	Job Title: _____		
Address: _____			
Number and Street	City	State	Zip
Start Date: _____	End Date: _____	Rate of Pay: _____	
Detailed Job Duties: _____			
_____			
_____			
Reason for Leaving: _____			
_____			

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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May we contact your former employers to verify this information? Yes  or No

May we contact your present employer? Yes \_\_\_\_ or No \_\_\_\_

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Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

\_\_\_\_\_  
\_\_\_\_\_

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## PROFESSIONAL REFERENCES

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip

# REFERENCES

Name: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.

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

The City of Riverside is an Equal Opportunity Employer  
The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, or veteran's status.