



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex. Religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone No. _____

Referred By _____ Are you 18 years of age or older? Yes No

Do you possess a valid Driver's License? Yes No State _____ Exp. Date _____

Your MVR (Motor Vehicle Record) will be checked – Driver's License # _____

Is it a commercial driver's license (CDL)? Yes No Class? _____

List endorsements _____

Ever been convicted of a crime? Yes No

Explain, if yes _____

Position applied for _____

Date you can start _____ Salary Desired _____

Interested in: full time part time seasonal temporary

Employed now? Yes No May we contact present employer? Yes No

Ever applied to the City of Corydon before? Yes No When? _____

Ever been employed by the City of Corydon Before? Yes No When? _____

EMPLOYMENT HISTORY (include military and self-employment)

List below in reverse order the positions you have held starting with your present or most recent employment.

1. Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Employment From: _____ To: _____ Wage/Salary _____

Supervisor _____ Titles/Duties _____

Why did you leave? _____

2. Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Employment From: _____ To: _____ Wage/Salary _____

Supervisor _____ Titles/Duties _____

Why did you leave? _____

3. Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Employment From: _____ To: _____ Wage/Salary _____

Supervisor _____ Titles/Duties _____

Why did you leave? _____

EDUCATION RECORD

High School/GED _____

Address _____
Street City State Zip

of years completed _____ Diploma _____

College/University _____

Address _____
Street City State Zip

of years completed _____ Diploma _____

Vocational or Business School _____

Address _____
Street City State Zip

of years completed _____ Diploma _____

Other _____

Address _____
Street City State Zip

of years completed _____ Diploma _____

REMARKS

State any additional information regarding your knowledge, skills and abilities which you feel may be helpful to us in considering your application including certifications, licenses, etc.

APPLICANT'S STATEMENT

I understand the City of Corydon is an employment-at-will employer. Employment is for no fixed term and an employee may terminate, or be terminated at any time, for any reason that is not against the law. These terms of employment may not be changed orally.

I understand the City of Corydon operates 24 hours a day, seven days a week. As work changes occur within departments, employees may be required to change shifts, and/or days worked, or work overtime. Each employee is required to comply with staffing needs.

I understand that the Immigration Reform and Control Act of 1986 (Public Law #99-603) requires all new employees to provide documents proving their U.S. citizenship or their authorized alien work status to begin employment. I further understand that all job offers are conditional on the production of satisfactory documentation as required by this law.

I understand and agree that if conditionally offered employment, I will be required to take an entrance medical examination which includes a drug screen based on analyses of body fluids. I further understand if alcohol, prescription drugs or any controlled substance is detected through the screening process, that in the absence of an acceptable medical explanation, I will not be considered for employment.

I certify that the information in this application is true and complete to the best of new knowledge. I authorize investigation of all matters contained in this application and agree that any misleading, false statements, or omissions are cause for rejection of this application and would be sufficient cause for dismissal after employment. I authorize investigation of my past employment, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by the City of Corydon.

Applicant's Signature _____ Date _____

VETERAN'S PREFERENCE – Veteran's preference applies to honorable discharged citizens and residents of the state with dates of service any time between 12/7/41-12/31/46; 6/25/50-1/31/55; 8/5/64-5/7/75; 8/2/90-2/28/91 dates are inclusive. Additional points will also be added if you have a qualifying service-connected disability. U.S. Military Services? Yes ___ No ___
Dates of active duty: From _____ To: _____ Type of discharge: _____
Are you a citizen and a resident of Iowa? Yes ___ No ___ If you answered yes and if your dates of service fall within the listed dates, do you have a service-connected disability or are you receiving compensation, disability benefits, or pension under laws administered by the veterans administration (an honorably discharged veteran who has been awarded the Purple Heart for disabilities incurred in action shall be considered to have a service-connected disability)? Yes ___ No ___ Applicants wishing to claim veteran's preference must submit proof of service including dates of active duty and type of discharge prior to or at the time of interview. Do you intend to claim veteran's preference? Yes ___ No ___