CITY OF STANHOPE APPLICATION FOR EMPLOYMENT

The City of STANHOPE 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.

(Print neatly and complete all blanks)

Auxiliary aids and services are available upon request to individuals with disabilities.

PERSONAL INFORMATION:

Full Name:					
	First	Midd	le Initial	Las	st
Current Address:	Number	Street	City	State	Zip
Telephone Numbe	er:	Soci	al Security Numb	er:	
Are you 18 years	of age or older?	Yes	No		
Are you legally ab	le to work in the Un	ited States?	Yes N	o 🗌	
Are you a military	Veteran as defined	in Iowa Code S	Section 35.1? Y	es 📄 No	
If yes, provide dat	es 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 DI	ESIRED:				
Job Title:		Date you ca	n start:	Wage Des	sired:
Are you available fo	r work: Full-Tim	e Part-Tin	ne Shift Wo	rk Seasor	nal
EDUCATION	:				
Do you have a High	School Diploma or (GED? Yes [No		
Name of the last sc	hool attended:		City:		State:
Circle Last year of s	school completed:	6789	10 11 12 13	14 15 16 17	18
Circle the highest de	egree earned: High	School Diploma	GED Certificat	e AA BD M	1D PHD Other
Area of Concentra	tion and/or degree((s), certificates,	licenses, endorse	ements:	

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

EMPLOYMEN Former Employme (List employers, sta	ent:	Y: current or most recer	nt. Explain all ga	ips in time of e	mployment.)
	-				
Address:					
Address:	Number	Street	City	State	Zip
Start Date:		End Date:	F	ate of Pay:	
Detailed Job Duties	8:				
Doooon for Looying					
Reason for Leaving]				
May we contact you	ur former emple	oyers to verify this <u>in</u>	formation? Y		
May we contact you May we contact you	ur former emple ur present emp	oyers to verify this in bloyer? Yes	Iformation? Yo)
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Company Nam	e:		Job Title	:		
Address:						
	Number	Street	City	State	Zip	
Start Date:		End Date:	Rate of Pay:			
Detailed Job D	uties:					
Reason for Lea	aving:					
	č					
		ployers to verify this <u>in</u>		s No		
May we contac	t your present er	nployer? Yes	No			
		formation about your a				
		statements containe				
		nd that omission or i		on of these f	acts is cause to	

Signature:	D	Date:	