

# City of Windsor Heights

## Application for Employment

Provide all information requested by printing in ink or typing. ALL information must be completed. It is not permissible to enter see resume. Use the 'TAB' key to move through the document.

### GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone ( ) -
E-Mail Address	Social Security Number		
Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### POSITION

Position Or Type Of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

### EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

### VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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### SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

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### WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
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Employer	Telephone Number (    )    -	From (Month/Year)
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Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, explain number of convictions(s), nature of offense(s) leading to convictions(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.		

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<b>Did you complete this application yourself?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who did?			
<b>Please list two references other than relatives or previous employers.</b>			
Name:		Name:	
Position:		Position:	
Company:		Company:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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For Office Use Only:

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## Application for Employment

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PLEASE READ CAREFULLY

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### APPLICATION FORM WAIVER

**Applicant Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

In exchange for the consideration of my job application by the City of Windsor Heights, Iowa (hereinafter called "the City"), I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the City permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City from any liability as a result of such contract.

I also understand that (1) the City has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the City may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the City will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the City shall be probationary for a period of three hundred and sixty five (365) days, and further that at any time during the probationary period or thereafter, my employment relation with the City is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*This City is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to any protected class, including but not limited to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this City depends solely on your qualifications.*

*Thank you for completing this application form and for your interest in our City. Please note that failure to sign this waiver and/or failure to complete the application form and supplemental background investigation documents completely will result in your removal from consideration for this hiring process.*