CITY OF EVERLY
202 North Main, P. O. Box 197, Everly, Iowa 51338-0197
712-834-2691

Name: _____
Last First Middle (Maiden)

Other names that you are known by or have used: _____

_____

Address: _____
Street, City, State, Zip+4

Mailing Address, if different: _____

Number of years at this address: _____ If less than ten (10) years at this address, please list previous addresses and dates of residency.

_____

_____

_____

Home telephone number: _____ e-mail: _____

Other telephone number that you may be reached by: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? O Yes O No *Proof of citizenship or immigration status will be required upon employment.*

Are you a veteran? O Yes O No
If you are a veteran, list Branch of Military and Years of Service: _____

Can you travel, if the job, training or a meeting require you to do so? O Yes O No
Do you have a current Iowa Drivers License? O Yes O No Type: _____ Expires ___/____
Month/Year

License No. _____ Driving History (citations/accidents): _____

_____

_____

I understand that my driving record may be reviewed if the position I am considered being hired for requires me to drive a vehicle for the City. _____ (Initialed)

Have you been convicted of a felony? O Yes O No
Conviction will not necessarily disqualify an applicant from employment.
If yes, please explain _____

_____

Under Federal and State laws, certain positions with the City require that employees take physicals, take a pre-employment drug test and remain subject to periodic testing. If pre-employment drug test is not passed, you will not be hired. If a problem arises with positions requiring physicals, reasonable accommodations will be made based upon the job description.

EDUCATION

High School Attended: _____ City: _____

Graduated: O Yes O No G.E.D. O Yes O No Year: _____

Classes taken that may be helpful for the position for which you are applying: _____

List Schools and/or training that you have received after high school.

Name, Location of School	Date Attended	Describe degree/classes/training taken

EMPLOYMENT HISTORY

Employer Address & Telephone	Supervisor Name & Title	Dates Employed	Job Description

Special Skills or Qualifications and Honors:

_____

_____

_____

_____

_____

_____

References (List three professional contacts and two personal references including their titles, companies, addresses and phone numbers.

_____

_____

_____

_____

_____

Attached pages include (list such paperwork as resume or additional pages for training, etc.)

_____

_____

Position applying for: _____ O Full Time O Part Time O Seasonal

Other positions I am interested in if they become open: _____

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Everly, Everly Municipal Utilities, Ketelsen Community Center, The Everly Public Library, Lone Tree Cemetery and Everly Fire & Rescue is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged by action of the Everly City Council.

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer

Signed: _____ date: _____