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| **Glenwood Municipal Utilities 7 N Vine St. Glenwood, IA 51534 712-527-4868 wendy@glenwoodmu.com** | **Application for Employment** |

**Please complete this form.** If more space is needed to complete any question, use an extra sheet of paper. **Print clearly and complete all sections as noted; illegible or incomplete applications will not be processed.** All qualified applicants will receive consideration without discrimination because of race, color, religion, creed, sex, age, disability, national origin, veteran status, or sexual orientation. All qualified applicants with a disability that may impact the essential functions of the position sought must notify the interviewer if reasonable accommodation may be necessary.

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | |  | | | | | | | | | | | | | | | First | |  | | | | | | | | | | | | | M.I. | | | | | Date | |  | |
| Street Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | |  | |
| City | |  | | | | | | | | | | | | | | | | | | | | State | |  | | | | | | | | | | | | | ZIP | |  | | | | | | |
| Phone | |  | | | | | | | | | | | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | | | | |
| Date Available | | | | | | | |  | | | | | | | | | | | Social Security No. | | | | |  | | | | | | | | | | Desired Salary | | | | | | | |  | | | |
| Position Applied for | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | | | YES | | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | YES | | NO |
| Have you ever worked for us or the city? | | | | | | | | | | | | | | | | | | YES | | NO | | | | If so, when? | | | | |  | | | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Have you ever been convicted of a felony? | YES | NO | If yes, explain? |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | | | |  | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | |
| College | | |  | | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | |
| Other | | |  | | | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | |
| From | | |  | | | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | | |
| Company | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | | |
| Company | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | |  | | | | | | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | | |
| Company | | | | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | |  | | | | | | | | | | | | | | | |
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| Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | | Starting Salary | | | | $ | | | | | | | | | | Ending Salary | | | | | | $ | | | | |
| Responsibilities | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | | To | | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | | Starting Salary | | | | $ | | | | | | | | | | Ending Salary | | | | | | $ | | | | |
| Responsibilities | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | | | To | | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | |  | | | | | | | | | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | | Starting Salary | | | | $ | | | | | | | | | | Ending Salary | | | | | | $ | | | | |
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| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | From | | | |  | | To | |  | | | | | |
| Rank at Discharge | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Type of Discharge | | | | | | | | |  | | | | |
| If other than honorable, explain | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| list any professional groups, trade groups or other organization you belong to that you consider relevent to your ability to perform the job(s) for which you are applying | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| list any special skills, qualifications, and other experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I understand and authorize to release information:**  - that completing this application and test does not constitute an offer of employment and that my application may be rejected for any reason. That giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment. That I may be required to be examined by a medical professional designated by the company. That if I sustain any injury or illness in the employment of the company, I agree that the company shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners, and hospitals to give to the company full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury. If I am considered for employment, I authorize the company to make a complete investigation of me, including but not limited to: my past employment history, medical history, credit history, scholastic records, motor vehicle driving records, worker's compensation history and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information, I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. I understand that the use of illegal drugs in prohibited during employment. If employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment. I understand that this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | |  | | | | | | | |