

City of Ely An Equal Opportunity Employer Po Box 248 1570 Rowley Street Ely, IA 52227 Phone/Fax: (31) 848-4103 Email: cityadmin@elyiowa.com

EMPLOYMENT APPLICATION

Date: Positio	on Applying For:			
Note: it is to your advantage to answer all questions on thi	is application (please	e print neatly or type)		
Name:				
Last	First	Middle I	nitial	
Social Security Number:	Ph Num ¹	ber:		
Email:				
Address:Street	City	State 2	Zip	
To facilitate reference checks, please indicate any other na	ame under which yo	u have been employed:		
Have you worked for the City of Ely before? YES	NO			
If yes, please complete the following information:				
Position(s) held:	From	То		
	-			
Reason for leaving: Do you have any relatives who work with the City of Ely		NO		
Name(s) & Relationship:				
Have you been given a copy of the job description or had	the requirements of	the job explained to you?	YES	NO
Do you understand the requirements of the job?			YES	NO
Can you perform the requirements of this job with or with	out a reasonable acc	commodation?	YES	NO
If the job requires, do you have the appropriate valid drive	er's license?		YES	NO
Type: State:		Expiration Date:		
Are you a United States Military Veteran? YES	NO Branch	of Service:		
Dates of Military Service:				
From Those wishing to claim Veteran's preference must submit Pro		То		

Which of the required skills in the job announcement do you possess?	
Location of School College Attended Location of School College Attended Location of School List additional training – workshops, volunteer work, etc., you have received that makes you qualified for the	ined
College Attended Location of School College Attended Location of School List additional training – workshops, volunteer work, etc., you have received that makes you qualified for th Which of the required skills in the job announcement do you possess?	D
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Location of School List additional training – workshops, volunteer work, etc., you have received that makes you qualified for th Which of the required skills in the job announcement do you possess? What equipment can you operate?	
Which of the required skills in the job announcement do you possess?	
	his position.
What equipment can you operate?	
Do you have any other experience or qualifications not already listed that relate to the job applied for?	
Have you ever been convicted of a felony? (For the purpose of this question "convicted" includes found gu	ilty, plead
guilty, plead no contest or been given a deferred sentence or judgement) YES NO	
If Yes please explain, please include the facts of your case, the felony you were convicted for and how long	g ago.

(Note: A conviction will not automatically disqualify an applicant for a job. The type and seriousness of the crime, the frequency of violations, the date of convictions and the applicant's entire work and educational history will all be considered)

EMPLOYMENT HISTORY

Start with your present or last job and include at least your last five years of work records. Please fill out this section carefully and completely, as you are only given credit for jobs you list and the dates you include. Please attach an additional sheet if you need more space. Include military experience and describe any major duty assignments. Include periods of self-employment. Give details of supervisory positions you may have had.

If you are currently employed,	may we contact your present en		S NO	(circle one)
Employed By:		Ph Number:		
Address:	Super	visor's Name:		
Job Title:	Duties:			
Employed from: (mo/yr)				
Starting Salary:	Final Salary:		Hours per Wee	k:
Reason for Leaving:				
Employed By:		Ph Number:		
Address:	Super	visor's Name:		
Job Title:	Duties:			
Employed from: (mo/yr)		To: (mo/yr)		
Starting Salary:	Final Salary:		Hours per Wee	k:
Reason for Leaving:				
Employed By:		_ Ph Number:		
Address:	Super	visor's Name:		
	Duties:			

Address:	·
Employed By: Ph Number: Address: Supervisor's Name: Job Title: Duties: Employed from: (mo/yr) Employed from: (mo/yr) Starting Salary: Final Salary: Hou Reason for Leaving: Employed By: Ph Number: Job Title: Duties: Job Title: Duties:	
Address: Supervisor's Name: Job Title: Duties: Employed from: To: Starting Salary: To: Final Salary: Hou Reason for Leaving: Ph Number: Address: Supervisor's Name: Job Title: Duties:	
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Employed from: (mo/yr) To: (mo/yr) Starting Salary: Final Salary: Reason for Leaving: Hou Employed By: Ph Number: Address: Supervisor's Name: Job Title: Duties:	
Starting Salary:	
Reason for Leaving:	
Employed By: Ph Number: Address: Supervisor's Name: Job Title: Duties:	rs per Week:
Address:	
Job Title: Duties:	
Employed from: (mo/yr) To: (mo/yr)	
Starting Salary: Final Salary: Hou	rs per Week:
Reason for Leaving:	
Employed By: Ph Number:	
Address: Supervisor's Name:	
Job Title: Duties:	
Employed from: (mo/yr) To: (mo/yr)	
Starting Salary: Final Salary: Hou	

Reason for Leaving:		
Employed By:	Ph Number:	
Address:	Supervisor's Name:	
Job Title:	Duties:	
Employed from: (mo/yr)	To: (mo/yr)	
Starting Salary:	Final Salary:	Hours per Week:
Reason for Leaving:		
What date would you be available to beg	gin work?	

NOTE: All applicants will be required to pass a pre-employment drug and alcohol screen and physical evaluation after being offered a position and beginning as an employee of the City of Ely.

I attest that all statements on this application are true and correct. I understand that intentionally false statements made on this application will eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the City of Ely and my previous employers (with the exception of ______) to conduct or participate in an investigate of my personal background, work history and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

Applicant Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY	ζ.
Reviewed by:	Position considered for / Referral to: