City of Denison Application for Employment

PLEASE PRINT OR TYPE

Equal access to programs, services an to the application and/or interview pro	1 0	1 1 1	g reasonable accommodation
Position(s) applied for		Date of App	lication/
Name			
Last	First	Middle	
Address			
Street	City	State	Zip Code
Telephone ()	Other Phone ()		
Social Security Number	-		
Have you ever been employed here be	efore?YesN	To Dates Employed//	to/
If yes, please explain			

Have you been convicted of a crime in the last seven (7) years?	Yes	No	
If yes, please explain			

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN

Driving license number if driving is essential job function ______ State ______

Type of employment desired _____ Full-time _____ Part-time ____ Temporary _____ Seasonal ____ Educational Co-Op

Are you legally eligible for employment in this country? ______Yes ______No

Are you able to meet the attendance requirements of the position? ______ Yes ______No

Date available to begin work? ____/____

RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Educational Background

IF JOB-RELATED					
NAME AND LOCATION	YEARS	YEAR OF GRADUATION		MAJOR COURSE OF STUDY	
	COMPLETED				
HIGH SCHOOL					
COLLEGE		MAJOR	DEGREE		
OTHER					

Employment History

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Skills and Qualifications			
Summarize any training, skills, licenses,	and/or certificates that may qu	alify you as being able to per	rform job-related functions in the
position for which you are applying.			
			·····
References			
NAME	TELEPHONE	YE	EARS KNOWN
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Veterans Points			
Upon request, veterans points shall be ap residents of Iowa. Former members of the are eligible. Reserve force or Iowa Natio of 90 days and were discharged under he service-connected disability, a Purple He Administration may also request veteran every two years. A copy of your certifie	the reserve forces or Iowa National Guard veterans who were conorable conditions or retired upart, or who are receiving disables points. Proof of disability from	onal Guard who served at lea activated for federal duty, of inder Title 10, United States (illity compensation or pension om the Veterans Administration	st 20 years after January 28, 1973 her than training, for a minimum Code are eligible. Veterans with a n through the U.S. Veterans
Veterans Points: Do you want to be co		•	
If yes, you must provide proof of servi	-		
I understand if I am employed, any misrepresentati immediate discharge from the City of Denison's se		on this application will be sufficient	cause for cancellation of this application or
I give the City of Denison the right to contact and of information contained in this application. I hereby and all other persons, corporations, or organization	release from liability the City of Den		
I understand it is the City of Denison's policy not t as required by the ADA.	o refuse to hire a qualified individual	with a disability because of that pers	son's need for reasonable accommodation
I also understand that if I am hired, I will be requir	ed to provide proof of identity and leg	al work authorization.	
If I am hired, I understand that I may resign at any employment at any time, with or without cause and contract for employment for any specified period of authority to make any assurances to the contrary.	I without prior notice, except as may be definite duration. I understand that	e required by law. This application no representative of the City of Deni	does not constitute an agreement or ison other than an authorized officer has the
The City of Denison does not unlawfully discrimin from consideration for employment on a basis prob		this application is used for the purp	oose of limiting or excusing any applicant
This application is current only for 60 days. At the it will be necessary to fill out a new application.	e conclusion of this time, if I have not	heard from the City of Denison and	still wish to be considered for employment,
DO YOU WANT YOUR APPLICATION TO BE	E KEPT CONFIDENTIAL, UNLES	S YOU ARE ONE OF THE FINAL	LISTS? YES No
I represent and warrant that I have read and fully u	nderstand the foregoing and seek emp	loyment under these conditions.	
Signature of Applicant		I	Date/
**********	*********	*******	*********
	OFFICE USE	ONLY	
Signature of Director		Position Appointed	
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