

# CITY OF CLARKSVILLE APPLICATION FOR EMPLOYMENT

The City of Clarksville is an Equal Opportunity Employer

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, or veteran's status.

(Print neatly and complete all blanks)

Auxiliary aids and services are available upon request to individuals with disabilities.

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## PERSONAL INFORMATION:

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Full Name: \_\_\_\_\_  
                                First                                Middle Initial                                Last

Current Address: \_\_\_\_\_  
                                Number Street                                City                                State Zip

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you 18 years of age or older? Yes  or No

Are you legally able to work in the United States? Yes  or No

Are you a military Veteran as defined in Iowa Code Section 35.1? Yes  or No

If yes, provide dates of active duty: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes  or No

If yes, provide all other name(s): \_\_\_\_\_

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## POSITION DESIRED:

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Job Title: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Are you available for work: Full-Time  Part-Time  Shift Work  Seasonal

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## EDUCATION:

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Do you have a High School Diploma or GED? Yes  or No

Name of the last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Circle Last year of school completed:      6 7 8 9 10 1 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements: \_\_\_\_\_

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Other Training or Skills (factory or office machines operated, special courses, computer skills, etc):

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## **EMPLOYMENT HISTORY:**

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Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your former employers to verify this information? Yes  or No

May we contact your present employer? Yes  or No

Please provide any additional information about your abilities or interests that makes you a good candidate for this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize investigation of all statements contained in the application. I certify that all information is true. I understand that omission or misrepresentation of these facts is cause to eliminate this application for consideration or for dismissal.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_