



CITY OF SUMNER, IOWA

Employment Application

Department:



206 N. Railroad Street
Sumner, IA 50674
(563)-578-3324
library@sumner.lib.ia.us

APPLICANT NAME: _____

Date of Application: _____

The City of Sumner is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, sexual orientation, gender identity, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, disability, or any other legally protected status.

PERSONAL INFORMATION (please print)

Date of Application: _____ Position Applying For: _____

How did you learn about us?

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Home Phone: () _____ - _____ Cell Number: () _____ - _____

Email Address: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date: _____		
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date: _____		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of citizenship or immigration status will be required upon employment.		
On what date would you be available for work? _____		
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary		
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Have you been convicted of a felony within the last 7 years?

☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain

EDUCATION

	High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location												
Years Completed (circle)	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or protected status:

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References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States Military?

☐ Yes ☐ No

If Yes, please describe _____

Are you physically or otherwise unable to perform to the duties of the job for which you are applying?

☐ Yes ☐ No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which reveal sex, race, religion, national origin, age, ancestry, or handicap or protected status.

(1) EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
WORK PERFORMED		
HOURLY RATE/SALARY START		HOURLY RATE/SALARY END

(2) EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
WORK PERFORMED		
HOURLY RATE/SALARY START		HOURLY RATE/SALARY END

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(3) EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
WORK PERFORMED		
HOURLY RATE/SALARY START		HOURLY RATE/SALARY END

(4) EMPLOYER	ADDRESS, CITY, STATE, ZIP	EMPLOYER'S PHONE NUMBER
START DATE (mm/yyyy)	END DATE (mm/yyyy)	SUPERVISOR'S NAME
POSITION/TITLE	REASON FOR LEAVING	
WORK PERFORMED		
HOURLY RATE/SALARY START		HOURLY RATE/SALARY END

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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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 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge 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 in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Employed ☐ Yes ☐ No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE

Notes:

