

Millie Youngquist, Mayor
Kelsey Brown, Finance Director
Kevin Olson, City Attorney



City of Washington
215 East Washington Street
Washington, Iowa 52353
(319) 653-6584 Phone
(319) 653-5273 Fax

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, medical condition or disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For: _____ Date ____/____/____

Name _____ Social Security Number ____-____-____
Last First M.I.

Address _____
Street Apt. # City State Zip

Telephone Number(s): Home () _____ Work () _____

Mobile () _____ Email _____

Are you legally eligible to work in the United States full-time? () Yes () No

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

Are you currently employed? () Yes () No

May we contact your present employer? () Yes () No

If no, Please explain: _____

Have you ever been employed by the City of Washington? () Yes () No Dates: _____

Do any of your relatives work for the City of Washington? () Yes () No

If Yes, state name and relationship: _____

If required for the position do you have a valid driver's license or CDL? () Yes () No

Driver's License # _____

Are you currently registered as a Sex Offender in this or another jurisdiction? () Yes () No

If Yes, please explain: _____

Have you pled guilty to or been convicted of a felony or misdemeanor? () Yes () No

The City of Washington is an Equal Opportunity Employer

Employment / Work Experience

Start with your present or most recent job and list all prior employers. The City of Washington considers military service as employment. You may also include any job-related volunteer activities.

Most Recent Employer:	_____	Employer Phone #	_____				
Address:	_____	City:	_____	State:	_____	Zip:	_____
Position Title:	_____	Employment Dates	_____	to	_____		
Direct Supervisor:	_____	May we contact?	() Yes () No				
Annual Salary:	_____	Hours Per Week	_____	# of employees supervised	_____		
Description of Duties:	_____ _____						
Reason for leaving:	_____						

Previous Employer:	_____	Employer Phone #	_____				
Address:	_____	City:	_____	State:	_____	Zip:	_____
Position Title:	_____	Employment Dates	_____	to	_____		
Direct Supervisor:	_____	May we contact?	() Yes () No				
Annual Salary:	_____	Hours Per Week	_____	# of employees supervised	_____		
Description of Duties:	_____ _____						
Reason for leaving:	_____						

Previous Employer:	_____	Employer Phone #	_____				
Address:	_____	City:	_____	State:	_____	Zip:	_____
Position Title:	_____	Employment Dates	_____	to	_____		
Direct Supervisor:	_____	May we contact?	() Yes () No				
Annual Salary:	_____	Hours Per Week	_____	# of employees supervised	_____		
Description of Duties:	_____ _____						
Reason for leaving:	_____						

Personal / Professional References

Name	Phone Number	Best Time to Call	Relationship to You
1.			
2.			
3.			

Applicant's Statement

I have read the City of Washington Application for Employment and submit this application in good faith on behalf of the above-listed statements. I hereby give permission to the City to authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. To the best of my knowledge I hereby certify that all representations, warranties, or statements made or furnished to the City in connection with this application are true and accurate in all material respects. I understand that if I provide false, inaccurate, or incomplete information, I will not be eligible for employment, or, if hired, will be subject to disciplinary action or dismissal regardless of the date on which the City discovers the violation of its policy regarding application form dishonesty.

I understand that if I apply for employment with this City, the City may conduct a check of my criminal history, past employment history, medical history, scholastic record, motor vehicle driving records, workers' compensation history and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I release and discharge the City of Washington and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the City of Washington as part of my application for employment.

Signature of Applicant

Date

I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request that my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session so as to protect my reputation.

Signature of Applicant

*** If you do not sign this acknowledgement/request, your application may become a public record and consideration of your application may be done in open session.**