

City of Paullina
 127 S Main Street
 P.O. Box 239
 Paullina, IA 51046
 Phone: 712-949-3428 Fax: 712-949-3499
 paullinaiaowa.com



Employment Application

The City of Paullina is an Equal Opportunity Employer. Applications are considered for all positions without regard to race, color, religion, sex national origin, age, or marital status or the presence of a medical condition or disability.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Other

Do you have a valid driver's license ? YES No

If yes, what type of driver's license do you have _____

Read the following before signing

I certify that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I understand that:

- Should an investigation at any time disclose otherwise, my application may be rejected, my name may be removed from consideration for employment, I may be discharged from employment with the City of Paullina, and I may be disqualified from applying for any other position with the City of Paullina.
- Background investigations may be conducted as part of this application for employment. These include, but are not limited to, inquiries relating to driving records for jobs requiring the use of city owned vehicles, inquiries about convictions where job related, and any other investigations deemed necessary and relevant by the employer.
- If I am offered and accept employment with the City of Paullina, I understand that my employment is "At Will" and that my employment may be terminated at any time and for any reason either by me or by the Employer.

The City of Paullina complies with the federal law requiring pre-employment, random, post-accident, reasonable suspicion and return to duty drug testing and alcohol testing for all persons in positions requiring a Commercial Driver's License.

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By signing the Employment Application, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or that I may otherwise provide in conjunction with my Employment Application. I authorize the references listed above to give you any and all information concerning my previous employment and any personal information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature: _____ Date: _____