



THE CITY OF BloomfieldTM I O W A

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For:				Date of Application	
Last Name		First Name		Middle Name	
Address		Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Police Department Only)		

Can you provide required proof of your eligibility to work?

☐

Yes

☐

No

If yes, give date

Have you ever been employed with us before?

☐

Yes

☐

No

If yes, give date

Are you currently employed?

☐

Yes

☐

No

May we contact your present employer?

☐

Yes

☐

No

Are you prevented from lawfully becoming employed in this country?

☐

Yes

☐

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?

☐

Full time

☐

Part Time

Are you currently on "lay-off" status and subject to recall?

☐

Yes

☐

No

Can you travel if a job requires it?

☐

Yes

☐

No

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

☐

Yes

☐

No

If Yes, please explain:

Education

	High School				Undergraduate College/ University				Graduate/Professional			
School Name and Location												
Years Completed	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 extracurricular 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.

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 the duties of the job you are applying?

☐

Yes

☐

No

Employment Experience

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed	Work Performed
Address	From:	
	To:	
Telephone Number (s)	Hourly Salary	
Job Title Supervisor	Start:	
Reasons for leaving	Final:	

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Address	From:	
	To:	
Telephone Number (s)	Hourly Salary	
Job Title Supervisor	Start:	
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	To:	
Telephone Number (s)	Hourly Salary	
Job Title Supervisor	Start:	
Reasons for leaving	Final:	

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Address	From:	
	To:	
Telephone Number (s)	Hourly Salary	
Job Title Supervisor	Start:	
Reasons for leaving	Final:	

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

Employment Data Record

During employment, employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations including Affirmative Action responsibilities where they apply. The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

DATE: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Please Print

Name		
Address		
City	State	Zip
Social Security No.		

Complete Sections Below

Current Job _____

Check One

☐ Male

☐ Female

Check one of the following: (Ethnic Origin)

☐ White

☐ Hispanic

☐ American Indian/ Alaskan Native

☐ Black

☐ Other

☐ Asian/ Pacific Islander

Check if any of the following are applicable

☐ Vietnam Era Veteran

☐ Disabled Veteran

☐ Handicap Individual

Birthdate

Applicant's Statement

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 not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time 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 regulations of the employer

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange for Interview ☐ Yes ☐ No

Remarks _____

Interviewer: _____ Date _____

Employed ☐ Yes ☐ No

Date of Employment _____

Hourly Rate _____

Job Title _____

By _____
Name and Title

Date _____

Notes: _____

