

# City of Bloomfield

111 West Franklin Street  
Bloomfield, Iowa 52537  
Phone: (641)664-2260  
Fax: (641)664-2445

## Application for Employment

Date \_\_\_\_\_

The City of Bloomfield considers all applicants for employment without regard to race, color, religion, gender, national origin, age, disability, marital status according to federal law. In addition, the City of Bloomfield complies with all applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. The City of Bloomfield provides reasonable accommodation to disabled individuals according to applicable laws.

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Are you 18 or older?  Yes  No Are you a U.S. citizen or an alien authorized to work in the U.S.?  Yes  No

Have you ever been convicted of a crime?  Yes  No If yes, state nature of offense, date, location and disposition:

### Employment Desired

Position applied for \_\_\_\_\_

Full-Time  Part-Time Salary desired \_\_\_\_\_

Have you ever been employed by the City of Bloomfield?  Yes  No

If yes, when \_\_\_\_\_ In what position? \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Do you have any relatives currently employed by the City of Bloomfield?  Yes  No

If so, give name and relationship to you: \_\_\_\_\_

### Education & Training

Education	Name of School & Address	Years Attended	Did you Graduate?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No

List any specialized training you have had: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment Record**

Dates: Month/Year	Employer Name, Address, Phone, Supervisor	Hourly Rate	Your Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

**References**

Give the names of three persons not related to you whom you have known at least one year.

Name	Address	Phone Number

**Military Service**

Are you a veteran of the United States Military Service?  Yes  No  
 If so, what branch of service? \_\_\_\_\_  
 How many years of service? \_\_\_\_\_

**Skills**

Please check any of the following that apply to you:  
 Hold a valid driver's license  Hold a valid CDL

- I have experience operating the following equipment:
- |                                             |                                            |                                            |
|---------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Backhoe            | <input type="checkbox"/> Road Grader       | <input type="checkbox"/> Snow Plow         |
| <input type="checkbox"/> Tractor            | <input type="checkbox"/> Street Sweeper    | <input type="checkbox"/> Truck over 5 tons |
| <input type="checkbox"/> Truck under 5 tons | <input type="checkbox"/> Riding Lawn Mower | <input type="checkbox"/> Weed Eater        |
| <input type="checkbox"/> Typewriter         | <input type="checkbox"/> Computer          | <input type="checkbox"/> Copier            |

List any other skills or equipment you have experience operating: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Pre-Employment Statement**

Please read carefully before signing below.

I understand and voluntarily agree that:

The information provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any material fact in my application, resume or other materials, or during any interviews, can be justification for refusal of employment, or termination, if employed.

Any offer of employment I may receive from the City of Bloomfield is contingent upon my successful completion of the pre-employment screening process, including receiving references that the City considers satisfactory. I understand that as a condition of continued employment, I may be required to submit to an alcohol or drug screening at any time at the discretion of the City of Bloomfield.

I give my permission for the City to verify all information provided by me, and /or to obtain or have prepared an investigative consumer report for this purpose. This report may include, but not be limited to, my prior employment and/or military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request to the City, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the City. I understand that my employment can be terminated by the City or me with or without cause or notice, at any time.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Office Use Only: