

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS	MAJOR or DEGREE	CHECK IF GRADUATED
High School					
College					
Graduate School					
Bus. Or Trade School					
Professional School					

DRIVER'S LICENSE (Only for positions which require driving or travel is required for the position)

Do you have a driver's license? Yes No

Driver's License # _____ State of Issued _____ Expiration Date: _____

Do you have a Commercial Driver's License (CDL)? Yes No If yes, Type: _____

CDL Endorsements: _____

Have you had any accidents during the past three (3) years? Yes No How many: _____

Have you had any moving violations during the past three (3) years? Yes No How many: _____

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g. fluency in other languages, licenses, specialized training, apprenticeships, or job-related military training.

Can you provide verification for the special skills? Yes No

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

Employer:	
Address:	
Job Title:	Supervisor:
Dates of Employment:	
From:	To:
Work Performed:	
Reason for Leaving:	

Employer:	
Address:	
Job Title:	Supervisor:
Dates of Employment:	
From:	To:
Work Performed:	
Reason for Leaving:	

Employer:	
Address:	
Job Title:	Supervisor:
Dates of Employment:	
From:	To:
Work Performed:	
Reason for Leaving:	

REFERENCES:

Please list three (3) references other than relatives or previous employers.

Name _____

Phone _____

Email _____

Name _____

Phone _____

Email _____

Name _____

Phone _____

Email _____

Your application will remain confidential unless you agree to disclosure by signing below. I agree to allow this application to be subjected to disclosure, check the box and sign next to it.

Signature of Applicant Date Signed

Check the box and sign below to give the City of Le Mars the authority to contact any previous employers.

Signature of Applicant Date Signed

WAIVERS AND DISCLOSURES

Please read each section carefully sign below and date

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant

Date Signed

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.

Thank you for applying to the City of Le Mars

Return Application To:
City Hall
40 Central Avenue SE
Le Mars, IA 51031