

Employment Application

City of West Branch

The position I am applying for is: _____

Last Name First Name Middle Name

Address Street City State ZIP Code

Telephone Social Security Number

List additional names you have used: _____

Please list an additional phone number where we can leave a message:

Name: _____ Relationship: _____ Number: _____

How did you learn about the employment opportunity?

- Newspaper Job Service Employment Agency Friend Other
 Walk-in Website Education Institution Employee

Please be sure to answer all items completely and accurately.

Type of work you would accept: Full time Part time Summer Temporary

Shift preferred: Day Evening Night

What date would you be available for work? _____

Have you ever filed an application with us before? Yes No If yes, Month/Year: _____

Have you ever been employed with us before? Yes No

If yes, in what capacity? _____ From: _____ To: _____

Reason for leaving? _____

What is the minimum salary that you would accept? _____

Do you have any relatives, including in-laws, currently employed by us? Yes No

If yes, state the name, relationship and department in which they are employed.

Are you legally eligible to be employed in the U.S.? Yes No *(Proof of identity and eligibility will be required upon employment)*

Are you a veteran of the U.S. Armed Forces? Yes No

Dates of military service: _____ Branch: _____

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

If so, please indicate the nature of the offense, date, state and disposition.

(A conviction record is not an automatic bar to employment and the nature, recency and disposition of the offense will be considered only as it relates to the job for which you are applying)

Education

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Diploma/Degree			
Course of Study			

Describe any skills, specialized training, apprenticeship, and applicable extra-curricular activities.

List equipment and computer software you can operate.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
Name Address Phone
2. _____
Name Address Phone
3. _____
Name Address Phone

Employment Experience

List previous 10 years of employment. Start with your present or last job. Add another sheet if necessary.

1. Employer <hr/>	Dates Employed From / To	Work performed
Address <hr/>		
Telephone number <hr/>	Hourly Rate/Salary Starting / Final	
Job title <hr/>		
Supervisor <hr/>		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
2. Employer <hr/>	Dates Employed From / To	Work performed
Address <hr/>		
Telephone number <hr/>	Hourly Rate/Salary Starting / Final	
Job title <hr/>		
Supervisor <hr/>		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
3. Employer <hr/>	Dates Employed From / To	Work performed
Address <hr/>		
Telephone number <hr/>	Hourly Rate/Salary Starting / Final	
Job title <hr/>		
Supervisor <hr/>		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		
4. Employer <hr/>	Dates Employed From / To	Work performed
Address <hr/>		
Telephone number <hr/>	Hourly Rate/Salary Starting / Final	
Job title <hr/>		
Supervisor <hr/>		Reason for leaving
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?		

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 of time not to exceed 45 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time

I hereby acknowledge that any employment relationships with The City of West Branch is of an At-Will nature, which means that the employee may resign at any time and that The City of West Branch may discharge at any time with or without cause. I understand that neither this document nor any offer of employment from The City of West Branch constitutes an employment contract unless a specific document to that effect is executed by The City of West Branch and me it writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to employment entrance exams, if necessary, at The City of West Branch cost. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

It is the policy of The City of West Branch to provide equal treatment to all employees and applicants for employment without regard to race, color, religion, political affiliation, creed, sex, sexual orientation, national origin or ancestry, age, mental or physical disability, marital status, except as bona fide occupational qualifications may require otherwise. This policy applies to all Human Resources actions and procedures including, but not limited to: recruitment, selection, training, compensation, benefit programs, promotion, demotion, transfer and termination of employment.

Individuals in need of special accommodations are asked to notify our office in advance.



WEST BRANCH POLICE DEPARTMENT
 105 S. SECOND STREET, P.O. BOX 218
 ROUTINE PHONE: (319) 643-2222 FAX: (319) 643-2464
 "PROTECT, SERVE, VIGILANCE"



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized officer of the West Branch Police Department whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and mental health treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, representing me in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the West Branch Police Department. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the West Branch Police Department from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING MY EMPLOYMENT APPLICATION ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION IN MY EMPLOYMENT APPLICATION OR SUPPLEMENTING DOCUMENTS ARE GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

 Signature of Applicant

 Date

The City of West Branch/West Branch Police Department is an equal opportunity employer.

Name in full (Last, First, Middle)	Social Security Number
Birth Date	Place of Birth: