



City of Adel

301 S. 10th Street

P.O. Box 248

Adel, IA 50003

Phone: (515) 993-4525; Fax: (515) 993-4527

APPLICATION FOR EMPLOYMENT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the employer.

Any questions about the application process, please email cityhall@adeliowa.org.



Personal Information

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: (____) _____ Other Phone: (____) _____ Email Address: _____

Referred By: _____

Employment Desired

Position: _____

Date you can start: _____ Are you currently employed? Yes No

If so, may be inquire of your present employer? Yes No

Are you legally authorized to work in the U.S.? Yes No

Have you ever applied to the City of Adel before? Yes No

What position(s)? _____ When? _____

Have you ever worked for the City of Adel before? Yes No

What position(s)? _____ When? _____

Reason for leaving: _____

Name of last supervisor at the City of Adel: _____

How did you find out about this position? Website Newspaper Advertising Friend Walk In

Other: _____

Have you been convicted of a crime or under the jurisdiction of a court in the last seven (7) years? Yes No

If yes, please explain: _____



Education History

If job-related

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

General Information

Subject of special study/research work:

Special training, certifications, licenses:

Special skills, foreign languages, etc.:

Military Service Record

Have you ever served in the U.S. Armed Forces? Yes No

Discharge date: _____ Branch of Service: _____

Rank: _____



Former Employers

Provide the following information of your past three (3) employers, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			
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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			



REFERENCES

NAME	EMAIL ADDRESS	PHONE NUMBER
BUSINESS	ADDRESS	
NAME	EMAIL ADDRESS	PHONE NUMBER
BUSINESS	ADDRESS	
NAME	EMAIL ADDRESS	PHONE NUMBER
BUSINESS	ADDRESS	

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY	
Received By:	Hire Date:
Position Appointed:	Starting Salary/Wage: