



City of Ely
An Equal Opportunity Employer
PO Box 248
1570 Rowley Street
Ely, IA 52227
Phone/Fax:(319) 848-4103
Email: cityadmin@elyiowa.com

EMPLOYMENT APPLICATION

Date: _____ Position applied for: _____

Note: it is to your advantage to answer all questions on this application. (Please print neatly or type.)

Name: _____

Last

First

Middle Initial

Social Security Number: _____ Telephone Number: _____

Cell phone (optional): _____ email: _____

Address: _____

Street

City

State

Zip

To facilitate reference checks, please indicate any other name under which you have been employed:

Have you worked for the City of Ely before? YES NO (circle one)

If yes, please complete the following information: Date: _____

from

to

Position(s) held: _____ Department: _____

Reason for leaving: _____

Do you have any relatives who work with the City of Ely? YES NO (circle one)

Name(s) & Relationship: _____

Have you been given a copy of the job description or had the requirements of the job explained to you? YES NO

Do you understand the requirements of the job? YES NO

Can you perform the requirements of this job with or without a reasonable accommodation? YES NO

If the job requires, do you have the appropriate valid driver's license? YES NO

Type _____ State _____ Expiration date _____

Are you a United States Military Veteran? YES NO (circle one) Branch of Service: _____

Dates of Military Service: _____

from

to

Those wishing to claim Veteran's preference must submit Proof of Service Form DD214 at time of interview.

EDUCATION

Circle highest grade completed: 6 7 8 9 10 11 12 GED College: 1 2 3 4 5 6 7+

<u>Institution</u>	<u>Course of Study</u>	<u>Degree Attained</u>
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High School		Diploma/GED
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Location of School		
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College Attended		
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Location of College		
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College Attended		
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Location of College		
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List any additional training – work shops, volunteer work, etc., you have received that makes you more qualified for this position.

Which of the required skills in the job announcement do you possess? _____

What equipment can you operate? _____

Do you have any other experience or qualifications not already listed that relate to the job applied for?

Have you ever been convicted of a felony? (For the purpose of this question “convicted” includes found guilty, plead guilty, plead no contest or been given a deferred sentence or judgment) YES NO

If Yes please explain, please include the facts of your case, the felony you were convicted for and how long ago.

(Note: A conviction will not automatically disqualify an applicant for a job. The type and seriousness of the crime, the frequency of violations, the date of convictions, and the applicant’s entire work and educational history will all be considered.)

EMPLOYMENT HISTORY

Start with your present or last job and include at least your last five years of work records. Please fill out this section carefully and completely, as you are only given credit for jobs you list and the dates you include. Please attach an additional sheet if you need more space. Include military experience and describe any major duty assignments. Include periods of self-employment. Give details of supervisory positions you may have had.

If you are currently employed, may we contact your present employer? YES NO (circle one)

Employed by: _____ Telephone Number: _____

Address: _____ Supervisor's Name: _____

Job Title: _____ Duties: _____

Employed from: (mo/year) _____ To: (mo/year) _____

Starting Salary: _____ Final Salary: _____ Hours per week: _____

Reason for leaving: _____

Employed by: _____ Telephone Number: _____

Address: _____ Supervisor's Name: _____

Job Title: _____ Duties: _____

Employed from: (mo/year) _____ To: (mo/year) _____

Starting Salary: _____ Final Salary: _____ Hours per week: _____

Reason for leaving: _____

Employed by: _____ Telephone Number: _____

Address: _____ Supervisor's Name: _____

Job Title: _____ Duties: _____

Employed from: (mo/year) _____ To: (mo/year) _____

Starting Salary: _____ Final Salary: _____ Hours per week: _____

Reason for leaving: _____

Employed by: _____ Telephone Number: _____

Address: _____ Supervisor's Name: _____

Job Title: _____ Duties: _____

Employed from: (mo/year) _____ To: (mo/year) _____

Starting Salary: _____ Final Salary: _____ Hours per week: _____

Reason for leaving: _____

Employed by: _____ Telephone Number: _____
Address: _____ Supervisor's Name: _____
Job Title: _____ Duties: _____

Employed from: (mo/year) _____ To: (mo/year) _____
Starting Salary: _____ Final Salary: _____ Hours per week: _____
Reason for leaving: _____

Employed by: _____ Telephone Number: _____
Address: _____ Supervisor's Name: _____
Job Title: _____ Duties: _____

Employed from: (mo/year) _____ To: (mo/year) _____
Starting Salary: _____ Final Salary: _____ Hours per week: _____
Reason for leaving: _____

Employed by: _____ Telephone Number: _____
Address: _____ Supervisor's Name: _____
Job Title: _____ Duties: _____

Employed from: (mo/year) _____ To: (mo/year) _____
Starting Salary: _____ Final Salary: _____ Hours per week: _____
Reason for leaving: _____

What date would you be available to begin work? _____

NOTE: All applicants will be required to pass a pre-employment drug and alcohol screen and physical evaluation after being offered a position and beginning as an employee of the City of Ely.

I attest that all statements on this application are true and correct. I understand that intentionally false statements made on this application will eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the City of Ely and my previous employers (with the exception of _____) to conduct or participate in an investigation of my personal background, work history and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

Applicant Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Reviewed by: _____ Position considered for / Referral to:

