



Application for Employment
(Print neatly and complete all blanks)

City of Camanche
818 7th Avenue
P.O. Box 77
Camanche, Iowa 52730

www.camancheia.org
563-259-8342
563-259-9025 (Fax)

Personal

Full Name: _____
First Middle Initial Last

Current Address: _____
Number Street City State Zip

Phone Number: _____ Social Security Number: _____

Are you 18 years of age or older? Yes No Are you a military veteran? Yes No

Are you legally able to work in the U.S.? Yes No If yes, date of active duty: _____ to _____

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application?
Yes No

If yes, please list: _____

Employment Desired

Job Title: _____ Start Date Available: _____ Wage Desired: _____

Are you available for work: Full-time Part-time Temp Shift Work Seasonal

Education

Do you have a High School Diploma or High School Equivalency? Yes No

Name of last school attended: _____
City State Zip

Last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Highest degree earned: High School Diploma High School Equivalency Bachelor's Master's PhD Other: _____

Areas of Concentration and/or degree(s), certificate(s), license(s), endorsement(s): _____

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.): _____

U.S. Military Service _____ Rank _____ Present Membership in National Guard or Reserves _____

EMPLOYMENT HISTORY (most recent 7 years)

Employer Name: _____ Phone Number: _____

Current Address: _____
Number Street City State Zip

Position Title: _____ Start Date: _____ End Date: _____ Ending Wage: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____ May we contact: Yes No

Description of job responsibilities and/or accomplishments: _____

Employer Name: _____ Phone Number: _____

Current Address: _____
Number Street City State Zip

Position Title: _____ Start Date: _____ End Date: _____ Ending Wage: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____ May we contact: Yes No

Description of job responsibilities and/or accomplishments: _____

Employer Name: _____ Phone Number: _____

Current Address: _____
Number Street City State Zip

Position Title: _____ Start Date: _____ End Date: _____ Ending Wage: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____ May we contact: Yes No

Description of job responsibilities and/or accomplishments: _____

Employer Name: _____ Phone Number: _____

Current Address: _____
Number Street City State Zip

Position Title: _____ Start Date: _____ End Date: _____ Ending Wage: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____ May we contact: Yes No

Description of job responsibilities and/or accomplishments: _____

References

Name _____	Phone Number _____
Association _____	Years Acquainted _____
Name _____	Phone Number _____
Association _____	Years Acquainted _____
Name _____	Phone Number _____
Association _____	Years Acquainted _____

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, veteran's status, gender identity or sexual orientation.

ADDITIONAL INFORMATION THAT MAKES YOU A GOOD CANDIDATE FOR THIS POSITION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IF I HAVE MISREPRESENTED OR FALSIFIED INFORMATION IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. AT ANY TIME BY THE COMPANY THIS CERTIFICATION IS AMENDED ON THIS APPLICATION PURSUANT TO THE LANGUAGE USED IN THE ATTACHED ADDENDUM.

Signature: _____ Date: _____